

LICENSED BEHAVIOR ANALYST (LBA) & LICENSED ASSISTANT BEHAVIOR ANALYST (LaBA) RENEWAL

(1/1/2021 – 12/31/2022)

**Please complete all information below. Include additional sheets if necessary. A \$400.00 renewal fee is required for LBAs. A \$275.00 renewal fee is required for LaBAs. Payment must be in the form of a check or money order that is payable to ADSD and mailed to:
 3416 Goni Road, Building D Suite 132, Carson City, NV 89706**

Name (Last, First, M.I)		
ADSD License No. :	BACB Cred. No. :	
Mailing Street Address:		
City:	State:	Zip:
Phone:	Email:	
Employer/Company Name:	Phone:	
Employer/Company Address:		
Supervisor Name (LaBA ONLY):	ADSD License No. :	

List all RBTs you supervise (If applicable. Attach additional sheets if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

My (BCBA) certification through the Behavior Analyst Certification Board is in good standing

YES NO If yes, provide expiration date:_____ (include copy of certificate)

If no, explain:_____

1. YES NO Has any jurisdiction rejected or denied your application for licensure/certification/registration as a behavioral analyst, assistant behavior analyst, or any other profession?
2. YES NO Have you ever been disciplined by a professional licensing or certification body, including the BACB?
3. YES NO Has any jurisdiction limited your practice in any way or by any other action?
4. YES NO Have you ever been disciplined while holding any other professional license/ registration/ certificate?
5. YES NO Have you ever been convicted of, or entered a plea of guilty or nolo contendere to a criminal offense, felony, or misdemeanor (other than minor traffic violations)?
6. YES NO Have you voluntarily surrendered or restricted your professional license/ registration/ certificate in any jurisdiction?
7. YES NO Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has disciplinary action been taken against you during your education, training or employment as a behavior analyst professional?
8. YES NO Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction?
9. YES NO Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession?
10. YES NO Have you ever aided or abetted another individual in practicing applied behavior analysis without a license or an exemption in any jurisdiction?
11. YES NO Have you ever practiced applied behavior analysis without a license or exemption in any other jurisdiction?
12. YES NO Are you registered in any jurisdiction as a sex offender?
13. YES NO Are you physically or mentally incapable to render behavior analytic services with the reasonable skill, safety, and competency at present?

14. YES NO Do you use drugs and/or alcohol to an extent that affects your professional competency?
15. YES NO Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement?
16. YES NO Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction?
17. YES NO Have you been denied staff membership or privileges in any hospital or health care facility or had such membership or privilege revoked, suspended, or subjected to restrictions or been requested to withdraw or resign?
18. YES NO Has any third-party payor, including Medicare and Medicaid, terminated, suspended, restricted, or revoked your status as a provider for reasons related to your professional practice?
19. YES NO Have you ever had professional liability insurance cancelled?
20. YES NO Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, Medicare facility, psychiatric hospital or state institution for the intellectually disabled, or (3) an adult?

21. Child support information – Please check one:

- a. _____ I am not subject to a court order for the support of a child.
- b. _____ I am subject to a court order for the support of one or more children and am in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.
- c. _____ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount payable pursuant to the order.

IF YOU ANSWERED “YES” ON QUESTIONS 1-20 OR 21C, EXPLAIN (attach additional sheets as necessary)

22. a. YES NO Do you hold a license in another jurisdiction?
b. YES NO In good standing? List other licenses held:

23. Do you have a professional will in YES NO
place?

If yes, who is responsible for your records, in case of ceasing practice in Nevada?

Explain:

24. List names under which you advertise your practice:

I affirm, under penalty of perjury, that all information supplied herein for my license renewal is true, accurate and complete, and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to practice behavior analysis.

Signature _____ Date _____