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DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
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<http://adsd.nv.gov>

APPLICATION FOR LICENSURE AS A LICENSED ASSISTANT BEHAVIOR ANALYST

Please read the instructions regarding LBA licensure requirements, before you submit this application. Print legibly or complete online. Use additional sheets as necessary; number sheets consecutively and code responses to questions by number.

Please make sure we have a valid email address, as this will be our main source of communication.

1.00 PERSONAL DATA		1.01 Application Date			1.03 U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.02a Last Name, First name, Middle Initial						
1.02b Maiden Name (if applicable)		1.04 Identified Gender		1.03 Social Security #		
1.05 Home Address		1.06 City	1.07 State	1.08 Zip	1.09 Phone ()	
1.10 Business Address		1.11 City	1.12 State	1.13 Zip	1.14 Phone ()	
1.14 Date of Birth		1.16 Birthplace		1.17 Email Address		
2.00 EDUCATION AND TRAINING				2.01 Highest Academic Degree Earned		
2.02 University		2.03 Major Field		2.04 Date		
2.05 Title of Thesis/Dissertation (if applicable)						
2.06 Was your program ABAI- accredited at the time of graduation? Yes <input type="checkbox"/> No <input type="checkbox"/>						
3.00 UNDERGRADUATE EDUCATION TRAINING						
University/College	Address	Dates Attended	Department/College	Major	Degree	
3.01.1	3.01.2	3.01.3	3.01.4	3.01.5	3.01.6	
3.02.1	3.02.2	3.02.3	3.02.4	3.02.5	3.02.6	
3.03.1	3.03.2	3.03.3	3.03.4	3.03.5	3.03.6	
4.00 CERTIFICATION						
4.01 Are you certified through the Behavior Analyst Certification Board?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.01.1 Date of Certification:			4.01.2 Years Certified:			
If No: Explain:						
4.01.3 In Good Standing? Yes <input type="checkbox"/> No <input type="checkbox"/>						
5.00 SUPERVISED EXPERIENCE – Start with most recent. Include paid and unpaid. See general Instructions.						
From Mo/Year- To Mo/Year	Institution		Address		Supervisor	
5.01.1	5.01.2		5.01.3		5.01.4	

6.00 PERSONAL/PROFESSIONAL CONDUCT HISTORY		YES	NO
6.01 Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?			
6.02 Have you ever pled guilty or nolo contendere or been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?			
6.03 Have you ever had a professional license, registration, certification or credential denied, restricted, suspended, censured or revoked in any jurisdiction for any profession?			
6.04 Have you ever relinquished responsibilities, let your license lapse, resigned a position or been fired due to an action pending or threatened?			
6.05 Have you ever resigned or been terminated from a professional organization or surrendered a license while a complaint against you was being investigated or pending?			
6.06 Have you ever been notified by any state, territory, district, country, U.S. government agency, or state certification/licensing board of any complaint filed against you relative to the practice of behavior analysis (including, but not limited to, any allegations currently pending)?			
6.07 Have you ever been convicted of a misdemeanor, gross misdemeanor or felony, including Driving Under the Influence? (Failure to disclose a conviction will delay your application process and may be grounds to deny such registration or to appear before the Board. If your background check comes back with an arrest with no disposition you will be asked to provide said disposition.)			
6.08 Are you subject to a court order for the support of one or more children and <u>not</u> in compliance with the order or with a repayment plan approved by the public agency authorized to enforce the order?			
6.09 Are you required to register as a sex offender?			
6.10 Have you ever suspended, disqualified, censured or disciplined as a member of any professional organization?			
6.11 Have you ever been dismissed from or asked to resign from any education, training or employment due to negligence professional misconduct or academic dishonesty?			
6.12 Have you ever been subject to review and/or action by the ethics committee of any professional organization?			
6.13 Explain any "YES" answers here. (Attach separate page if needed)			
7.00 PROFESSIONAL EMPLOYMENT- Start with the most recent.			
From Mo/Yr – To Mo/Yr	Institution	Address	Supervisor
7.01.1	7.01.2	7.01.3	7.01.4
7.02.1	7.02.2	7.02.3	7.02.4
7.03.1	7.03.2	7.03.3	7.03.4
8.00 MEMBERSHIPS IN PROFESSIONAL ORGANIZATION/ HONORARY SOCIETIES			
8.01			
8.02			

9.00 TRAINING/EXPERIENCE QUALIFYING ME TO PROVIDE SPECIFIC SERVICES TO CERTAIN POPULATIONS			
POPULATION		TRAINING EXPERIENCE/AREA OF EMPHASIS	
9.01.1	9.01.2		
9.02.1	9.02.2		
9.03.1	9.03.2		
10.00 LICENSING HISTORY- LIST LICENSES, CERTIFICATES, REGISTRATIONS (if applicable)			
State/Jurisdiction	Title/Type	Begin/End Dates	Total Years
10.01.1	10.01.2	10.01.3	10.01.4
10.02.1	10.02.2	10.02.3	10.02.4
11.00 HONORS, SPECIAL ASSIGNMENTS, PROJECTS			
11.01			
11.02			
11.03			
12.00 REFERENCES from three (3) persons knowledgeable of your fitness to practice as an Assistant Behavior Analyst.			
Name	Relationship	Address-Street	City/State/Zip
12.01.1	12.01.2	12.01.3	12.01.4
12.02.1	12.02.2	12.02.3	12.02.4
12.03.1	12.03.2	12.03.3	12.03.4

I agree that my name may be published as an applicant for registration in the State of Nevada. I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented or falsely stated any information in relationship to my criminal history or to my training, experience or fitness to practice as an Assistant Behavior Analyst. I authorize the exchange of any information concerning all complaints adjudicated, stipulated or pending against me with ADSD, licensing boards and professional associations. I understand such complaints may constitute grounds for disciplinary action by the board.

13.00 Affix Photo Here	14.00 _____ Signature of Applicant Date: _____
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State of _____

County of _____

(Notary Stamp)

Signed and sworn to (or affirmed) before me on (Date) _____

By _____
Name of Person making statement

Signature of Notary