

STEVE SISOLAK
Governor



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Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

APPLICATION FOR REGISTRATION AS A REGISTERED BEHAVIOR TECHNICIAN

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Date of Birth: _____ Ethnicity: _____ Sex: _____

Maiden Name: _____ Social Security No.: _____

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony (including Driving Under the Influence)? YES NO

If yes, explain: _____

Have you been convicted of a moving traffic violation within the last 5 years? YES NO

If yes, explain: _____

Professional Information

Are you registered through the Behavior Analyst Certification Board? YES NO

If yes, please provide registration number: _____

Please provide your Responsible Certificant's (supervisor) information.

Full Name: _____ Phone: _____

Address: _____

BCBA License #: _____ Nevada Licence #: _____

Required Documents

- Please include a copy of your registration through the Behavioral Analyst Certification Board.
- Include a signed copy of the Fingerprint Background Waiver. Once your application has been received, we will email you our Fingerprint Instructions.
- Include a signed copy of our Release of Information form.
- Include a check or money order for \$70.00, please make all checks payable to ADSD.
- Mail all documentation to:

Aging and Disability Services Division (ADSD)
3416 Goni Rd. Suite D-132
Carson City, NV 89706

Previous Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to registration, I understand that false or misleading information in my application may result in suspension of said registration.

Signature: _____ Date: _____