

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
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: _____ Identified Gender: _____

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? (Failure to disclose a conviction will be automatic grounds for denial. If your background check comes back with an arrest with no disposition you will be asked to provide said disposition.) YES NO

If yes, explain: _____

Professional Information

Are you registered through the Behavior Analyst Certification Board? YES NO
BACB Registration Number: _____ BACB Expiration Date: _____

Please provide the information of the company you work for as an RBT.

Company Name: _____ Phone: _____
Address: _____

Supervisor / Oversight

Please provide your RBT supervisor's information (individual responsible for the services provided by the RBT).

Full Name: _____ Phone: _____
Address: _____
BACB License #: _____ Nevada Licence #: _____

Please provide your RBT coordinator's information (if applicable).

Full Name: _____ Phone: _____
Address: _____
BACB License #: _____ Nevada Licence #: _____

Required Documents

- Please include a copy of your registration through the Behavior 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.
- **Please make sure we have a valid email address, as this will be our main source of communication.**
- 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 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 a Behavior Technician. 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.

Signature: _____ Date: _____