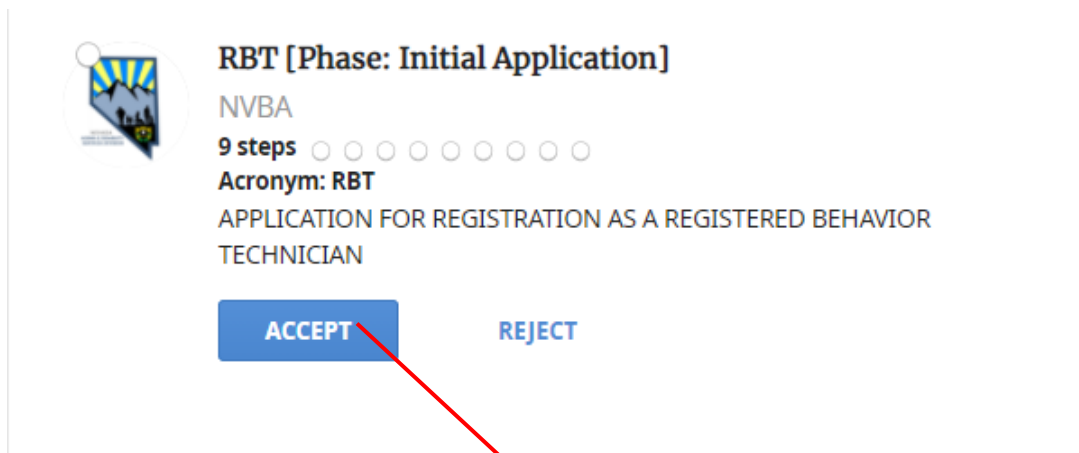
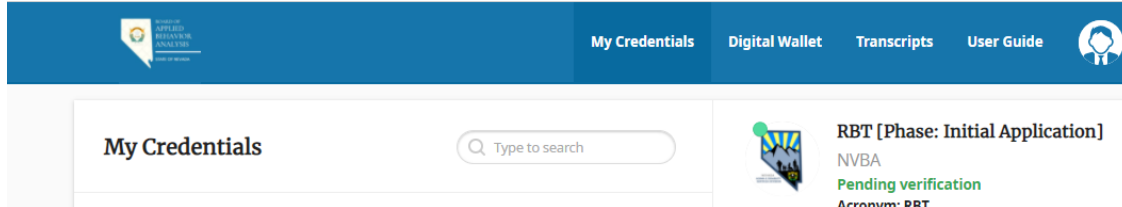


Guide on How to Complete an RBT Application in Certemy

To apply to become a Registered Behavior Technician within the State of Nevada, you must click the following link and create an account: <https://app.certemy.com:/entry/self-enrollments/RBT/2854a696-6f40-4bfb-8175-63af0ab7fd79>

Once your account is setup, you will see the following page:



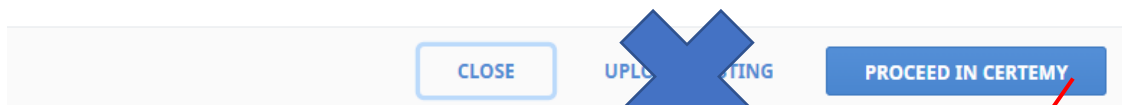
Click on accept.



Do you currently hold this Credential?

If you would like to complete the process for a new credential or renewal of an expired credential, please click **PROCEED IN CERTEMY** to continue.

If you have previously completed all steps required to receive your credential outside of the Certemy platform and wish to upload proof for completion, please select **UPLOAD EXISTING**. (THIS FEATURE SHOULD ONLY BE USED TO PROVIDE A COMPLETE SET OF EVIDENCE, OTHERWISE YOU MUST SELECT PROCEED IN CERTEMY TO COMPLETE ALL REQUIRED STEPS)



Select proceed in Certemy

To the right of your screen, you will see the applications steps that need to be completed as shown below:



RBT [Phase: Initial Application]

NVBA

Accepted

Acronym: RBT

Organization Admin



Laryna Lewis from NVBA has accepted this credential

9 steps



APPLICATION

Dynamic form

Incomplete

Due: 05/04/2023



Professional Information

Dynamic form

Incomplete

Due: 05/04/2023

Please **ONLY** submit this step once you are *active* with the Behavior Analyst Certification Board (BACB) with a Nevada licensed supervis...



ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

Dynamic form

Incomplete

Due: 05/04/2023

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures...




FINGERPRINT WAIVER

Evidence file


Incomplete

Due: 05/04/2023


Please download, review, and complete the Fingerprint Waiver form from the following link: [Waiver Form...](#)

- 


AUTHORIZATION AND RELEASE FORM
Dynamic form Incomplete Due: 05/04/2023


I, an applicant for certification, having filed an application to ADSD, hereby apply for a character and fitness report and consent to have...
- 

PREVIOUS DISCLAIMER AND SIGNATURE
Dynamic form Incomplete Due: 05/04/2023

I agree that my name may be published as an applicant for registration in the State of Nevada. I affirm, under penalty of perjur...
- 

APPLICATION FEE
Dynamic form Incomplete Due: 05/04/2023


A check or money order for \$70.00 (non-refundable) must accompany the completed application....
- 

Fingerprint Request Form
Dynamic form Incomplete Due: 05/04/2023
- 

BOARD REVIEW
Verification Incomplete Due: 05/04/2023

This is completed by NVABAB.

The white circle indicates that it has not been completed/attempted.



APPLICATION

⚡ Incomplete Ⓢ Dynamic form 📅 05/04/2023

CLOSE

COMPLETE NOW

Click on Applications and select complete now.

Complete all required fields. Include grammar/punctuations, as the name you type will be exactly what shows on your certificate.



APPLICATION



Incomplete



Dynamic form



05/04/2023

Applicant Information

Last Name *

First Name *

Middle Initial

Maiden Name (please write N/A if not applicable) *

Date of Birth *

Ethnicity *

Identified Gender *

Social Security No. *

Home Address *

Application step continued..

Home Apartment/Unit # (please write N/A if not applicable) *

Home City *

Home State *

Home Zip Code *

Mailing Address *

Mailing Apartment/Unit # (please write N/A if not applicable) *

Mailing City *

Mailing State *

Mailing Zip Code *

Phone *

Application step continued...

Are you a citizen of the United States? *

Please select

If no, are you authorized to work in the U.S.? *

Please select

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.) *

Please select

If yes, explain (please write N/A if not applicable): *

BACK

CONTINUE

Select continue



APPLICATION

⚡ Incomplete Ⓢ Dynamic form 📅 05/04/2023

Signature

Clear

Sign above

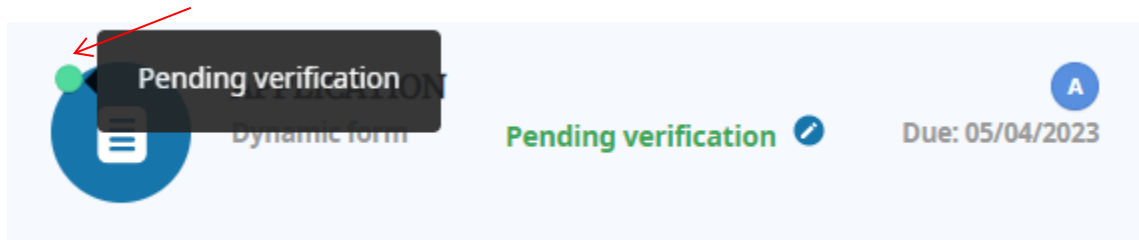
BACK

SUBMIT

Sign your name

Select submit




Once your steps are submitted, you will see the white circle change to green. This means you completed the step and is waiting for admin approval. Once a step is approved, you will see the green circle change to a green circle with a check mark inside. If steps are rejected, read the rejection note to understand what corrections are needed.



The next step is completing your professional information. This information is regarding your national RBT credential received from the Behavior Analyst Certification Board (BACB).



Professional Information

 Incomplete  Dynamic form  05/04/2023

Please **ONLY** submit this step once you are *active* with the Behavior Analyst Certification Board (BACB) with a Nevada licensed supervisor which can be verified by going to BACB.com and selecting, "Find a Certificant". Your step will be rejected if your status and supervisor cannot be verified.


CLOSE


COMPLETE NOW

Select complete now if you are ACTIVE with the BACB. An active status means you have received your RBT number: RBT-XX-XXXXXX AND have a Nevada licensed supervisor on record. If this cannot be verified by going to BACB.com under find a certificant, this step will be rejected.



Professional Information

 Incomplete

 Dynamic form

 05/04/2023

Please **ONLY** submit this step once you are *active* with the Behavior Analyst Certification Board (BACB) with a Nevada licensed supervisor which can be verified by going to BACB.com and selecting, "Find a Certificant". Your step will be rejected if your status and supervisor cannot be verified.

Professional Information

Are you registered through the Behavior Analyst Certification Board? *

Please select

BACB Registration Number (please write N/A if not applicable): *

BACB Expiration Date (please write 01/01/2000 if not applicable): *

yyyy-mm-dd



Please provide the information of the company you work for as an RBT. Company Name: *

Company Phone: *

Company Address: *

If "no", do NOT complete this step until you are active.

Your RBT number should be formatted as follows: RBT-XX-XXXXX

Professional Information continued....

If you do not have a Nevada licensed supervisor, do NOT submit this step. Update and submit once your supervisor is listed in the BACB registry.

Supervisor / Oversight

RBT supervisor Full Name: *

Supervisor Phone: *

Supervisor Address: *

BACB License #: *

Nevada Licence #: *

RBT coordinator Name *

RBT Coordinator Phone Number *

RBT Coordinator Address *

RBT Coordinator BACB License #: *

RBT Coordinator Nevada Licence #: *

[BACK](#)

[CONTINUE](#)



ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

⚡ Incomplete Ⓢ Dynamic form 📅 05/04/2023

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically. Under penalty of perjury, I herewith affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent and am legally bound to these terms and conditions.

CLOSE

COMPLETE NOW

Read and then select complete now



ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

⚡ Incomplete Ⓢ Dynamic form 📅 05/04/2023

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically. Under penalty of perjury, I herewith affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent and am legally bound to these terms and conditions.

Enter Full Name *

Enter full name|

BACK



CONTINUE

Enter full name, and select continue

Completion of this step allows you to receive the fingerprinting instructions which are sent to you via the email address you provided in your application.



FINGERPRINT WAIVER

 Incomplete  Evidence file  05/04/2023

Please download, review, and complete the Fingerprint Waiver form from the following link: [Waiver Form](#)

Once completed, you will need to upload your signed form. When approved, you will be provided with fingerprinting instructions and the Fingerprint Request form via email to complete your fingerprinting. Please ensure your email address is current and accurate.

Evidence requirements

Upload completed form.

CLOSE

CONTINUE

Read the instructions and then select the Waiver Form to upload the Fingerprint Waiver. Select continue.

voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:
PLEASE PRINT

--	--	--

Last Name

First Name

Middle

ADDRESS:
PLEASE PRINT

Applicant's Signature:

Date:

Submitting Agency:

Aging and Disability Services Division

Address:

3416 Goni Rd. Suite D-132

Carson City, NV 89706

Agency Representative:
PLEASE PRINT

Frischmann

Jennifer

Last Name

First Name

Middle

Agency Representative Signature:



Enter your Last Name, First Name, and Middle Name (if applicable)

Enter your complete address




Sign your name

Date the form

Once you have completed the Fingerprint Waiver, you will need to save the form and upload it to complete this step.



FINGERPRINT WAIVER

 Incomplete  Evidence file  05/04/2023


Please download, review, and complete the Fingerprint Waiver form from the following link: [Waiver Form](#)

Once completed, you will need to upload your signed form. When approved, you will be provided with fingerprinting instructions and the Fingerprint Request form via email to complete your fingerprinting. Please ensure your email address is current and accurate.

Evidence requirements

Upload completed form.

Upload document(s)

 Drop files to attach, or [Browse](#)

CLOSE




UPLOAD

Read the instructions. Upload your completed Fingerprint Waiver form

Select upload



AUTHORIZATION AND RELEASE FORM

 Incomplete  Dynamic form  05/04/2023

I, an applicant for certification, having filed an application to ADSD, hereby apply for a character and fitness report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of ABA/BA and such information as may be received or reported to the State Board of Applied Behavior Analysis. I agree to give any further information which may be required in reference to my past record. I hereby release, discharge, exonerate ADSD and the State Board of Applied Behavior Analysis, its agents and representatives and any person for furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or investigation. I hereby consent to the disclosure of all information as set forth in this instrument to any request by ADSD and the State Board of ABA. I have read the foregoing document and sign it willingly, voluntarily and with full knowledge.

CLOSE

COMPLETE NOW

Read and then select complete now



AUTHORIZATION AND RELEASE FORM

Incomplete Dynamic form 05/04/2023

I, an applicant for certification, having filed an application to ADSD, hereby apply for a character and fitness report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of ABA/BA and such information as may be received or reported to the State Board of Applied Behavior Analysis. I agree to give any further information which may be required in reference to my past record. I hereby release, discharge, exonerate ADSD and the State Board of Applied Behavior Analysis, its agents and representatives and any person for furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or investigation. I hereby consent to the disclosure of all information as set forth in this instrument to any request by ADSD and the State Board of ABA. I have read the foregoing document and sign it willingly, voluntarily and with full knowledge.

Enter Full Name *

Last four digits of social security number *

[BACK](#)

[CONTINUE](#)


Enter your full name

Enter the last 4 digits of your social security number

Select continue



PREVIOUS DISCLAIMER AND SIGNATURE

 Incomplete  Dynamic form  05/04/2023

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.


CLOSE

COMPLETE NOW

Read and then select complete now



PREVIOUS DISCLAIMER AND SIGNATURE

 Incomplete  Dynamic form  05/04/2023

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.

Enter Full Name *

BACK




CONTINUE

Enter your full name

Select complete now



APPLICATION FEE

 Incomplete  Dynamic form  05/04/2023


A check or money order for \$70.00 (non-refundable) must accompany the completed application.

Please click **Complete Now** to enter your information and upload your picture of your check or money order. If your payment cannot be uploaded, please upload information regarding your payment (e.g. payment type, check or money order number, date it was mailed...) Once all required fields have been entered, press **Continue** to submit this step.

Important note: Only a check or money order can be accepted. There are **no** electronic capabilities at this time. All payments must be mailed. See mailing address below:

CLOSE

COMPLETE NOW


Read the instructions and then select complete now

All checks or money orders should be made **payable to ADSD**. Please ensure the front of your check or money order have complete information such as date, pay to the order of, written amount, numerical amount, information on who the payment is for, and signed on the bottom right corner. If information is not complete, your payment will be returned.

Please mail payment to:

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

Please confirm your submission date *

This is the date your check or money order was placed in the mail

Odd Year Fee Schedule

Please select the month of submission and corresponding payment amount

If it is the year 2021 (odd year) select this fee schedule and leave the even year fee schedule blank.


Even Year Fee Schedule

Please select the month of submission and corresponding payment amount

If it is the year 2022 (even year) select this fee schedule and leave the odd year fee schedule blank.

Attestation and Confirmation

Please upload evidence of payment *

 Drop files to attach, or [Browse](#)

Take a picture of your check or money order and upload it here.

By checking yes below, you are attesting to paying the application fee that corresponds to your submission date. *

By checking yes below, you are attesting to paying the application fee that corresponds to your submission date. *

Yes

Select yes and then select continue

BACK

CONTINUE

How to Write a Check or Money Order

Please select this [link](#) for a simple tutorial on how to write a check.

5719

DATE: #1 Month/day/year

PAY TO THE ORDER OF: #2 ADSD

\$ #3 139.00

#4 One hundred and thirty nine and 00/100 DOLLARS

MEMO: #6 Name of client & what is payment for

#5 Signature of check owner

⑆000045678000 0000⑆ ⑈0000

WU MONEY ORDER

\$ 300

1. Pay to the order of: ADSD

2. Your mailing address

3. Name of client & what is payment for

4. Your signature

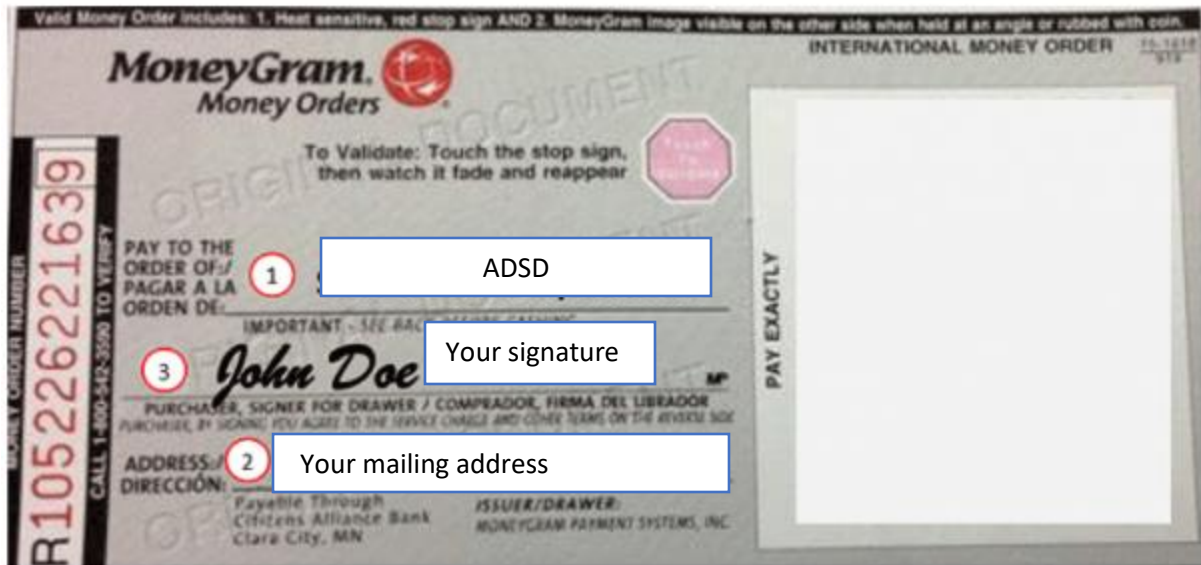
Cosmo Kramer

101 City Street, New York, NY 10001

2672652535

Jerry Seinfeld




⑆142100400⑆ 04170000011910⑈



Once you have received your fingerprinting instructions email, you will need to follow the instructions provided. When you have completed your fingerprinting, you are required to upload the Fingerprint Request form. This form must be completed by you for the top portion. The bottom portion of this form must be completed by the fingerprinting official.



Fingerprint Request Form

 Incomplete  Dynamic form  05/04/2023

CLOSE

COMPLETE NOW

Select complete now



Fingerprint Request Form

Incomplete Dynamic form 05/04/2023

Upload completed Fingerprint Request Form *

Drop files to attach, or [Browse](#)

BACK

CONTINUE

Upload your complete Fingerprint Request form

Select continue

Once you have submitted all of your steps, you will see the Board Review circle turn green. Keep in mind, the white circle means incomplete. If your steps have been approved and you are only waiting for this step to be approved by admin, this means they are waiting to receive your background results. These results may take up to 8 weeks since the date of fingerprinting. You may request for a status update to the ababoard@adsd.nv.gov if it has been 45 days since the date you completed fingerprinting.



BOARD REVIEW

Verification

Incomplete

Due: 05/04/2023

This is completed by NVABAB.



BOARD REVIEW

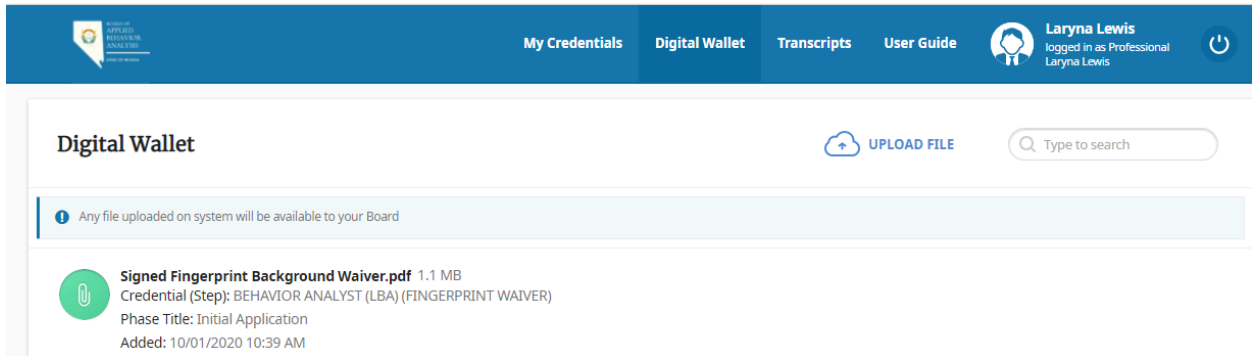
Verification

Incomplete

Due: 05/04/2023

This is completed by NVABAB.

Once your application has been approved, you will receive an email of the notification. In addition, your certificate will be available for download in your Digital Wallet.



The screenshot shows a web application interface for a "Digital Wallet". At the top, there is a blue navigation bar with the following elements from left to right: a logo for "Behavior Analysts", menu items "My Credentials", "Digital Wallet", "Transcripts", and "User Guide", a user profile for "Laryna Lewis" (logged in as Professional Laryna Lewis), and a power icon. Below the navigation bar, the main content area is titled "Digital Wallet" and includes an "UPLOAD FILE" button with a cloud icon and a search bar with the placeholder text "Type to search". A light blue notification bar states: "Any file uploaded on system will be available to your Board". Below this, a file entry is displayed with a paperclip icon, the filename "Signed Fingerprint Background Waiver.pdf" (1.1 MB), the credential step "BEHAVIOR ANALYST (LBA) (FINGERPRINT WAIVER)", the phase title "Initial Application", and the upload date "Added: 10/01/2020 10:39 AM".