

REGISTERED BEHAVIOR TECHNICIAN (RBT) RENEWAL

1/1/2021 – 12/31/2022

Please complete all information below. Include additional sheets if necessary. A \$70.00 renewal fee is required. 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

Registered Behavior Technician Information			
Name (Last, First, M.I.):			
State of NV Registration No. :		BACB Registration No. :	
Mailing Street Address:			
City:		State	Zip:
Phone:	Email:		
Employer/Company Name:			Phone:
Employer/Company Address:			
Supervisor(s) Information			
Supervisor(s):		State of NV License No. :	
Supervisor(s) BCBA/BCaBA No. :			
Employer/Company Name:			Phone:
Employer/Company Address:			

1. Do you have your original State of Nevada Aging and Disability Services Division registration certificate? YES NO

If no, you must submit a \$25 payment for a new certificate. **The State of Nevada Seal is NOT valid unless placed on the official certificate.**

2. Have you ever been convicted of a misdemeanor, gross demeanor, or felony, including Driving Under the Influence (DUI), or entered a plea of guilty or nolo contendere to a criminal offense? YES NO

If yes, explain:

3. Do you have an **active status** with the Behavior Analyst Certification Board (BACB)?

YES NO

If no, explain:

I affirm, under penalty of perjury, that all information supplied herein for my registration renewal is true, accurate and complete, and that I have not withheld, misrepresented, or falsely stated any information in relation 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 associated. I understand such complaints may constitute grounds for disciplinary action by the board.

Signature _____ Date _____