

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Checklist**

- App. & Fee  
Date: \_\_\_\_\_ Check \_\_\_\_\_
- Proof of BACB Certification
- Background Check (BCI)
- Lic. Verification from other States
  
- Psychologists ONLY:
- Curriculum Summary Form
- Transcript



**Rhode Island  
Applied Behavior Analyst  
Licensing Board**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

\*\*\*FOR OFFICE USE ONLY\*\*\*

License Number:
Issue Date:
Approved for Licensure:
Signature of Board Member
Signature of Board Administrator
ID#:
Receipt #:

**Instructions and Application For  
License As A**

- Applied Behavioral Analyst (LBA)
- Applied Behavioral Assistant Analyst (LABA)

Obtained By:

**BACB Certification**

**RI Psychologist**

**RI License Number:** \_\_\_\_\_

License # \_\_\_\_\_

Name \_\_\_\_\_

**MILITARY STATUS ELIGIBILITY**

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*LAST NAME*

*FIRST NAME*

*MI*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

# APPLICATION INFORMATION

## Checklist for Obtained By BACB Certification

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$150.00** and attached to the upper left-hand corner of the first (Top) page of the application.  
THIS APPLICATION FEE IS NONREFUNDABLE
- Proof of Behavior Analyst Certification from BACB (Behavioral Analyst Certification Board)
- BCI - (Criminal Background Check) An original BCI obtained within the previous 6 months of application. You must apply to the Department of the Attorney General. For information please visit their website at:  
<http://www.riag.ri.gov/BCI>
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)

## Checklist for Obtained By RI Psychologist

- Completed, Notarized Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$150.00** and attached to the upper left-hand corner of the first (Top) page of the application.  
THIS APPLICATION FEE IS NONREFUNDABLE
- Active Rhode Island Psychologist License
- Official Transcript sent directly from the accredited school sent directly to the Board. No student copies will be accepted.
- BCI - (Criminal Background Check) An original BCI obtained within the previous 6 months of application. You must apply to the Department of the Attorney General. For information please visit their website at:  
<http://www.riag.ri.gov/BCI>
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- Curriculum Summary Form, provided in this application.

**Note:** If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

## Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

## License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



# State of Rhode Island and Providence Plantations Applied Behavior Analyst Licensing Board

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

**NOTE:**  
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

 -  - 

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

## 3. Gender

 Male  Female

## 4. Date of Birth

 /  /    

Month

Day

Year

## 5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

State

 - 

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 - 

Home Phone

 - 

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

## 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 - 

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 - 

Business Phone

Extension

 - 

Business Fax



**12. Disciplinary Questions**

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending?  Yes  No
- 
2. Have you ever been denied a license, certificate, registration or permit in any state?  Yes  No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

**13. Affidavit of Applicant**

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Applied Behavior Analyst/Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Applied Behavior Analyst Licensing Board of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)



# Rhode Island Applied Behavior Analyst Licensing Board

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as an Applied Behavior Analyst in the State of Rhode Island. The Rhode Island Applied Behavior Analyst Licensing Board requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Applied Behavior Analyst Licensing Board at the above address.

_____	_____	_____
Print/Type Full Name	Signature	Date
_____	_____	_____
Previous Names Used	Social Security Number	Date of Birth
_____	_____	
License Number	Date Issued	

### THIS SECTION TO BE COMPLETED BY THE LICENSING AUTHORITY

**Directions for State Board:** Please complete and return this form to the address above. *Please verify requirements met in your state:*

Applicant is BACB Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
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**Questions:**

- Has this licensee ever been investigated by your Board?  Yes  No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending?  Yes  No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes  No
- Do you know of any information that may discredit this person?  Yes  No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Certification:

_____	_____
Signature	Date
_____	
Type or Print Name	
_____	
Title	
_____	
Full Name and State of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



# Rhode Island Applied Behavior Analyst Licensing Board

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Substitute forms are not acceptable  
Copy this form as needed.

## CURRICULUM SUMMARY FORM (RI PSYCHOLOGISTS ONLY)

Applicant: Please complete this form which provides a brief summary of your credentials and file it with your application.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth

1. Doctoral Degree (Check one):

Ph.D  Psy.D  EdD  Other (Specify)

2. Major field of concentration as indicated on official transcript being filed

3. Date doctoral requirements were satisfied, including successful defense of dissertation as indicated on transcript:

4. If major field was in clinical, counseling, school or industrial/organizational psychology, was the program an APA approved one?  Yes  No

5. Dates in which full-time graduate study was pursued:

6. Title of courses in which credits were earned that satisfy the following basic requirements:

(a) Ethical and Professional Conduct

(b) Concepts and Principles of Behavior Analysis:

(c) Research Methods in Behavior Analysis:

(d) Applied Behavior Analysis, Behavior Change Systems

7. Courses that satisfy the following core requirements:

(a) Fundamental Elements of Behavior Change and Specific Behavior Change Procedures:

(b) Identification of the Problem and Assessment:

(c) Intervention and Behavior Change Considerations:

(d) Implementation Management and Supervision



## Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

### I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: \_\_\_\_\_

### II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

### III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

### IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

### V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

### VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

### VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

*On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.*