

Application for Behavior Analysts or Assistant Behavior Analysts Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

1. _____ 2. _____
Last Name *First Name and Middle Name*

3. _____
Mailing Address

4. _____ 5. _____
City, State, Zip Code *E-Mail Address*

6. _____ 7. _____ 8. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**

9. Male Female
Gender (optional question)

10. _____
If any of your documentation is in a name other than your current name, list the previous names of record.

The following questions must be answered. If you answer "Yes" to any of the following questions, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

| | | |
|---|-----|----|
| 11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)? | Yes | No |
| 12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you? | Yes | No |
| 13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question). | Yes | No |
| 14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question). | Yes | No |
| 15. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Program, you may answer "NO" to this question.) | Yes | No |

16. Behavior Analysts

Assistant Behavior Analysts

18. National Certification Number: _____

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me during this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Applicant must sign here in ink

Date

*This information is collected pursuant to Iowa Code chapters 272J, 261 and 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18. NOTE: Applications must be complete and signed to be processed. No application will be considered complete until ALL required supporting documents and fees have been received in the Board office. Allow four (4) weeks for processing from the time ALL documents are received. Licensure applications are maintained in the board office for two years. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

Behavior Analysts or Assistant Behavior Analysts Documentation Required for Licensure

Application and fee (\$300). **All application fees are nonrefundable.** To apply:

BACB certification:

Submit proof of current BACB certification.

**Mailing Address:
Iowa Board of Behavioral Science
Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, IA 50319-0075**