



# KENTUCKY APPLIED BEHAVIOR ANALYST LICENSING BOARD

P.O. Box 1360, Frankfort, Kentucky 40602  
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Phone: (502) 564-3296 ~ Fax: (502) 696-4961 ~ <http://dop.ky.gov>

## APPLICATION FOR LICENSURE RENEWAL

### INSTRUCTIONS

1. In accordance with 201 KAR 43:080 your renewal for Licensed Behavior Analyst or Licensed Assistant Behavior Analyst shall biennially be submitted on or before the last day of the calendar month during which the license was issued.
2. This application and all supporting material must be submitted to the Kentucky Applied Behavior Analyst Licensing Board.
3. Attach continuation sheets if more space is needed to provide information.
4. This renewal application and all supporting material must be submitted with the required fee as shown in the fee schedule. This fee is nonrefundable. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**. **DO NOT SEND CASH.**
5. Refer to KRS 319C.060(2), and 201 KAR 43:010, 43:020, and 43:030.

### APPLICATION TYPE

- Licensed Behavior Analyst (LBA) **Renewal**                      **Renewal Fee: \$300.00**  
 Licensed Assistant Behavior Analyst (LaBA) **Renewal**      **Renewal Fee: \$200.00**

### APPLICATION INFORMATION

1. \_\_\_\_\_  
 Name: Last    First    Middle Initial                      Social Security Number

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Mailing Address: Street    City    State    Zip Code

(    )    -                      (    )    -                      (    )    -

Home Phone Number                      Work Phone Number                      Mobile Phone Number                      Email Address

Are you a U.S. Citizen?  Yes  No      Gender: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

2. BACB Certification Number: \_\_\_\_\_      Date of Initial BACB Certification: \_\_\_\_\_  
 BACB Certification status:  Active  Inactive

3. Are you licensed as a health care provider in Kentucky, or in any other jurisdiction?  Yes  No  
 If yes, Please indicate the jurisdiction in which you are currently licensed: \_\_\_\_\_

4. Has your license or certification in Kentucky or any other state ever been disciplined or revoked?  Yes  No  
 If yes, please give details on a separate sheet listing the date and governing body that suspended or revoked your license or certification and the exact reason for the suspension or loss.

5. Have you ever been convicted of a felony?  Yes  No  
 If yes, please attach an explanation and official court documentation showing disposition of the case.

6. Have you ever been discharged or forced to resign for misconduct from any position, from any professional training program, or from the program of any university?  Yes  No  
 If yes, please attach explanation and supporting documentation.





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7. Have you reviewed the Laws and Regulations Relating to Licensure as an Applied Behavior Analyst (KRS 319 and 201 KAR 43 - available at <http://www.aba.ky.gov>)  Yes  No

8. Population Focus/Specialty: \_\_\_\_\_

9. How many clinical jobs do you have (or plan to have)? \_\_\_\_\_  
a. Practice setting (primary): \_\_\_\_\_  
b. Practice setting (secondary): \_\_\_\_\_  
c. Practice location(s): \_\_\_\_\_

10. Approximate number of clients to be served per week, direct \_\_\_\_\_  
Approximate number of clients to be served per week, indirect \_\_\_\_\_

11. If you are applying for renewal of an assistant license, please indicate who will be supervising your practice.

\_\_\_\_\_  
Supervisor Name Certification Number

\_\_\_\_\_  
Supervisor Name Certification Number

### APPLICANT'S AFFIDAVIT

**I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/certification revoked by the board.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date





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## PLEASE COMPLETE THE FOLLOWING RELATED TO YOUR STATUS (Must be submitted with application materials)

1. Have you been denied licensure/certification in any state or jurisdiction?  Yes  No
2. Has your license/certification been suspended or revoked in any state or jurisdiction?  Yes  No
3. Have you surrendered or allowed your license/certification to lapse in any state or other jurisdiction due to an action pending or threatened?  Yes  No
4. Has your license or certification been subject to any disciplinary action by any licensure/regulatory board?  Yes  No
5. Have you entered into a consent agreement or other arrangement with any licensure or regulatory board in connection with a disciplinary action?  Yes  No
6. Are you aware of any pending disciplinary action against your license or certification in any state or other jurisdiction?  Yes  No
7. Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason?  Yes  No
8. Have you been denied professional liability insurance or has your policy been cancelled and / or restricted?  Yes  No
9. Have you had psychiatric hospitalization in the past five years?  Yes  No
10. Have you been treated for alcohol or drug abuse / dependence in the past five years?  Yes  No
11. Do you suffer from any illness or health condition that limits or impairs your ability to practice in your profession?  Yes  No
12. Have you ever been convicted of a felony?  Yes  No
13. Has any third party payer, including Medicare or Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice?  Yes  No
14. Have you been disciplined by a professional organization for a violation of ethical standards?  Yes  No
15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Databank?  Yes  No

**If you have answered "yes" to any of the above questions, please explain on a supplementary sheet.**

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/certification revoked by the board.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



