



KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD

P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 892-4249
Fax: (502) 564-4818
<http://aba.ky.gov>

Application for Licensure

Instructions

1. This application shall be typed or printed legibly and completed in its entirety.
2. This application and all supporting material shall be submitted to the Kentucky Applied Behavior Analysis Licensing Board.
3. Attach continuation sheets if more space is needed to provide information.
4. This application and all supporting material shall be submitted with the required fee as shown in fee schedule. This fee is nonrefundable. All fees paid by check or money order shall 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.
6. This completed notification may be submitted to the Kentucky Applied Behavior Analysis Licensing Board either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 500 Mero St. 2SC 32, Frankfort, Kentucky 40601.

Application Type

- Licensed Behavior Analyst (LBA)-\$400 Application Review & Licensure Fee
- Licensed Assistant Behavior Analyst (LaBA)-\$300 Application Review & Licensure Fee
- Temporary Licensed Behavior Analyst (TLBA)-\$300 Application Review & Licensure Fee
- Temporary Licensed Assistant Behavior Analyst (TLaBA)-\$200 Application Review & Licensure Fee

Application Information

1. _____
 Name: Last First Middle Social Security Number

 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: _____



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

5. Have you completed the required 5 hours of training in abuse, neglect, and exploitation? Yes No

6. Population Focus/Specialty: _____

7. How many clinical jobs do you have (or plan to have)? _____

a. Practice setting (primary): _____

b. Practice setting (secondary): _____

c. Practice location(s): _____

8. Approximate number of clients to be served per week, direct _____

Approximate number of clients to be served per week, indirect _____

9. Have you been denied licensure/certification in any state or jurisdiction? Yes No

10. Has your license/certification been suspended or revoked in any state or jurisdiction? Yes No

11. 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

12. Has your license/certification been subject to any disciplinary action by any licensure regulatory board? Yes No

13. Have you entered into a consent agreement or other arrangement with any licensure regulatory board in connection with a disciplinary action? Yes No

14. Are you aware of any pending disciplinary action against your license/certification in any state or other jurisdiction? Yes No

15. 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



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16. Have you been denied professional liability insurance or has your policy been cancelled or restricted? Yes No

17. Have you had psychiatric hospitalization in the past five years? Yes No

18. Have you been treated for alcohol or drug abuse/dependence in the past five years? Yes No

19. Do you suffer from any illness or health condition that limits or impairs your ability to practice in your profession? Yes No

20. Have you ever been convicted of a felony? Yes No

21. 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

22. Have you been disciplined by a professional organization for a violation of ethical standards? Yes No

23. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Databank? Yes No

24. Do you meet all educational, examination, and credentialing requirements established in KRS 319C.080 (1)? If yes, please attach proof and list VCS number. _____ (<https://www.abainternational.org>) Yes No

Temporary Licensing Questions

25. If applying for a temporary or assistant license, please indicate who will be supervising your practice. You will also need to submit an Annual Supervisory Plan for board approval.

Supervisor Name: _____ Certification Number: _____

Supervisor Name: _____ Certification Number: _____

26. If applying for a temporary license, are you aware that the temporary license will expire two (2) years from the date of issuance and cannot be renewed? Yes No

27. If applying for a temporary license, did you complete your coursework through a BACB or ABAI Verified Course Sequence? Yes No

If yes, attach an official copy of your post-secondary transcript attached. (<https://www.abainternational.org>)

If no, go to Question 28.

28. If applying for a temporary license, did you complete your coursework from a non-BACB or non-ABAI Verified Course Sequence? Yes No

If yes, attach an official copy of your post-secondary transcript and course syllabi for all behavior-analytic course work.



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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 denied or my license/certification revoked by the board.

Applicant's Signature

Date