KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD

P.O. Box 1360, Frankfort, Kentucky 40601
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 RENEWAL OR REINSTATEMENT

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) Renewal Fee: $300
☐ Licensed Assistant Behavior Analyst (LaBA) Renewal Fee: $200
☐ Temporary Licensed Behavior Analyst (TLBA) Renewal Fee: $300
Extenuating Circumstances, please include a new Annual Report of Supervision

☐ License Reinstatement Renewal Fee: $300
(Less than thirty (30) days after renewal date) Reinstatement Fee: $50
License Expiration Date: _____

☐ License Reinstatement Renewal Fee: $300
(More than thirty (30) days after renewal date) Reinstatement Fee: $250
License Expiration Date: _____

☐ License Reinstatement Renewal Fee: $200
(Approved inactive status)
Inactive Status Date: _____

Application Information

1. _____
Name: Last First Middle Initial Social Security Number

_____
Mailing Address: Street City State Zip Code

Are you a US citizen? ☐ Yes ☐ No Gender: _____ Date of Birth: _____

Would you like the following information to be included in the Online Active License Directory? ☐ Yes ☐ No

_____
Business Mailing Address Street City State Zip Code

_____
Business Phone Number Business Email

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2. If applying for a temporary license renewal, please provide a record from your supervisor showing the number of accumulated monthly hours in accordance with 201 KAR 43:050.

3. BACB Certification: _____ Date of Initial BACB Certification: _____
BACB Certification Status: ☐ Active ☐ Inactive

4. Are you licensed as a health care provider in Kentucky or any other jurisdiction? ☐ Yes ☐ No

If yes, please indicate the jurisdiction in which you are currently licensed: _____

5. Were you employed during the time of inactive or expired status? ☐ Yes ☐ No
If yes, please attach an explanation and supporting documents

6. Did you comply with the BCBA certification requirements during the period in which you did not practice?
If yes, please provide documentation ☐ Yes ☐ No

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

8. Population Focus/Specialty: _____

9. How many clinical jobs do you 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 reinstatement of an assistant or temporary license, please indicate who will be supervising your practice.

_____ _____
Supervisor Name Certification Number

_____ _____
Supervisor Name Certification Number

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

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

14. 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

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

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

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

18. 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

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

20. Have you had psychiatric hospitalization within the past five years? ☐ Yes ☐ No

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

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

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

24. 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

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

26. 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 denied or my license/certification revoked by the board.

_____ _____

Applicant's Signature Date