



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>

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 **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 for Inactive or Retired Status

Application Type

- Inactive Status: Fee: \$100.00
 Retired: Fee: \$100.00

Application Information

1.

Name: Last First Middle Initial Social Security Number

Mailing Address: Street City State Zip Code

Home Phone Work Phone Mobile Phone Number Email Address

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



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3. What was your final date of employment in the practice of applied behavior analysis in Kentucky? _____
4. What is your anticipated date of return to employment in the practice of applied behavior analysis in Kentucky? _____
5. If seeking retired status,
 - a. Are you 65 years of age or older? Yes No
 - b. Have you been a license holder in the Commonwealth of Kentucky for 25 years? Yes No
 - c. Do you suffer from an illness or medical disability that renders you unable to continue to practice? **If yes, please provide documentation** Yes No

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