

**State of Arizona Board of Psychologist Examiners**

**2015-2017**

**BEHAVIOR ANALYST  
License Renewal Instructions**

All licensees, regardless of status, are required by law to complete and return the enclosed Application for License Renewal form with the required fee. Applications, if mailed, must be postmarked on or before April 30, 2015, and if hand-delivered, must be received by Board's office by 5:00 p.m. on April 30, 2015, to avoid a \$200 reinstatement fee.

***ALL LICENSE RENEWAL APPLICATIONS MUST BE SUBMITTED BY  
APRIL 30, 2015***

**Renewals will not be processed unless you have enclosed the following:**

- **The *completed* 2015-2017 Behavior Analyst Application for License Renewal form**
- **Any attachments with explanations if you answered "No" to question #1 or "Yes" to questions 2-15**
- **The completed Confidential Information sheet**
- **The completed Arizona Statement of Citizenship and Alien Status form if applicable**
- **A check, cashier's check, or money order made payable to *BOARD OF PSYCHOLOGIST EXAMINERS* in the amount of \$500 for active status renewals or \$85 for inactive status renewals.**

**PLEASE NOTE: ALL application materials must be complete in order to meet the April 30, 2015 deadline.**

**\*If you do not receive your license receipt within four weeks of mailing your renewal application, please call (602) 542-8159 or e-mail [heather.duracinski@psychboard.az.gov](mailto:heather.duracinski@psychboard.az.gov) to inquire whether your renewal form and fee were received.**

**REINSTATEMENT OF AN EXPIRED LICENSE**

Pursuant to A.R.S. § 32-2091.07(B), if a behavior analyst permits his or her license to expire, the behavior analyst shall not practice behavior analysis in Arizona.

- (1) A licensee may renew an expired Active license by paying the \$500 renewal fee and the \$200 reinstatement fee on or before June 30, 2015.
- (2) A licensee may renew an expired Inactive license by paying the \$85 renewal fee and the \$200 reinstatement fee on or before June 30, 2015.
- (3) From July 1, 2015 through April 30, 2016, a license may be reinstated by paying the \$500 renewal fee, the \$200 reinstatement fee, and by providing proof of competency and qualifications to the Board (not applicable to inactive status).
- (4) If a behavior analyst does not renew or reinstate his or her license on or before April 30, 2016, in order to be licensed in Arizona again, the behavior analyst will be required to apply anew for licensure and must meet current licensing requirements, including coursework examinations and supervised experience.

**THESE REQUIREMENTS ARE DETERMINED BY STATUTE. NEITHER THE BOARD NOR BOARD STAFF HAVE THE AUTHORITY TO WAIVE OR ALTER ANY PART OF THE REQUIREMENTS.**

**PLEASE SEND COMPLETED APPLICATION MATERIALS, AND RENEWAL FEES TO:**

***ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS  
1400 W. WASHINGTON ST., SUITE #240  
PHOENIX, AZ 85007***

1400 W. Washington, Ste. 235  
Phoenix, Arizona 85007

Phone: (602) 542-8162

Fax: (602) 542-8279

<https://psychboard.az.gov>



**2013-2015**

If this information is needed in an  
alternative format, please call  
(602) 542-8159.

**State of Arizona**  
*Board of Psychologist Examiners*

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**BEHAVIOR ANALYST**  
**APPLICATION FOR LICENSE RENEWAL**

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**I. PERSONAL INFORMATION**

Dr.      Ms.      Mr.      Mrs. (Check one)

License Number: \_\_\_\_\_ BACB Certificate #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Other Names Used, if any \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Should the Board use this address as your public address?                      Yes                      No

If no, please indicate your public address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. REQUESTED LICENSE STATUS

Please select the following license status that you are requesting.

ACTIVE STATUS	
	If you wish to maintain your license on active status which allows you to practice in Arizona through April 30, 2015, please submit this <b>Application for License Renewal</b> form and the <b>\$500 Active license renewal fee</b> .
INACTIVE STATUS	
<b>Voluntary Inactive:</b>	If you do not practice in Arizona, you may complete and submit this <b>Application for License Renewal</b> form and the <b>\$85 Inactive license renewal fee</b> to request that your license be placed (or remain) on Voluntary Inactive status. While on Voluntary Inactive Status, you shall not practice in Arizona. You must, however, comply with the renewal requirements in each renewal cycle. <b><i>I affirm that I will abide by Arizona Revised Statutes § 32-2061, et. seq. during my inactive status, will describe myself as Inactive and will <u>not</u> practice behavior analysis within the State of Arizona, pursuant to A.R.S. § 32-2091.07. _____(INITIALS)</i></b>
<b>Re-Activate an Inactive License:</b>	If you wish to <b>re-activate</b> your <b>inactive license</b> and return to active status, you must submit this <b>Application for License Renewal</b> form along with the <b>\$500.00 Active license renewal fee</b> before providing services as a behavior analyst. Your application will be considered by the Board and you will be notified of the Board's decision.
MEDICAL INACTIVE STATUS	
<b>Medical Inactive:</b> Mental: Physical:	If you currently have any condition which prevents you from practicing as a behavior analyst, pursuant to A.R.S. §32-2091.06(E), you must complete and submit this <b>Application for License Renewal</b> form and provide written medical or psychological documentation to substantiate that the disability prevents you from practicing as a behavior analyst. <b>YOU MUST ALSO ENCLOSE THE \$500.00 RENEWAL FEE WITH YOUR REQUEST.</b> This fee will be returned if you are granted Medical Inactive status. While on Medical Inactive status due to a physical or mental incapacity or disability, you shall not practice behavior analysis. You must, however, comply with the renewal requirements in each renewal cycle.
<b>Medical Inactive Continuation</b>	If you are currently on Medical Inactive status and wish to continue on Medical Inactive status, you must complete and submit this <b>Application for License Renewal</b> form. <b>No renewal fee is required.</b>



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|---|-----|----|
| 6. Since May 1, 2011, have you had a professional license, certification or registration refused, revoked, suspended, or restricted in any regulatory jurisdiction(s) for reasons relating to unprofessional conduct? If yes, please explain.   | Yes | No |
| 7. Since May 1, 2011, have you surrendered a license, certificate, or registration, relinquished responsibilities, resigned a position in lieu of termination, or been involuntary terminated in any regulatory jurisdiction while under investigation or in lieu of administrative proceedings for reasons relating to unprofessional conduct? If yes, please explain.   | Yes | No |
| 8. Since May, 1, 2011, have you resigned or been terminated from a professional organization, hospital staff, or provider panel while a complaint against you was investigated or adjudicated? If yes, please explain.  | Yes | No |
| 9. Since May 1, 2011, have you been investigated by any professional organization, health care institution, provider panel of which you are a member or staff, or a regulatory agency in any jurisdiction, including the Arizona Board of Psychologist Examiners, concerning the ethical propriety or legality of your conduct? If yes, please identify the entity conducting the investigation and the dates of the investigation. | Yes | No |
| 10. Since May 1, 2011, have you been disciplined by a regulatory agency in any jurisdiction, including the Arizona Board of Psychologist Examiners, health care institution, provider panel, or ethics panel for acts pertaining to your conduct as a behavior analyst or as a professional in any field? If yes, please identify the regulatory agency, jurisdiction, and date of discipline.                                      | Yes | No |
| 11. Since May 1, 2011, have you been convicted of, pled no contest or guilty to, entered into a diversion program to avoid prosecution, or are you under indictment or awaiting trial for a felony or misdemeanor, other than a minor traffic offense, including any conviction that has been expunged, pardoned, reversed, or set aside? If yes, please explain.   | Yes | No |
| 12. Since May, 1, 2011, have you been sued in a civil court or charged in a criminal court for an act or omission relating to practice as a behavior analyst or work under a license or certificate in another profession, or work as a member of a profession? If yes, please explain.   | Yes | No |
| 13. Do you currently use alcohol or another drug that in any way impairs or limits your ability to practice behavior analysis safely and competently? If yes, please explain.   | Yes | No |
| 14. Do you have a medical, physical, or psychological condition that limits your ability to practice behavior analysis safely and competently? If yes, please explain   | Yes | No |

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|---|-----|----|
| 15. Are you a United States Citizen?<br>If yes, have you previously submitted valid proof of citizenship?   | Yes | No |
| 16. If you are not a United States Citizen please complete and submit the Arizona Statement of Citizenship and Alien Status for State Public Benefits and appropriate documentation (a list of documents can be found on the form) with your renewal application. The form can be found on the Board's website, <a href="https://psychboard.az.gov">https://psychboard.az.gov</a> , under the "Forms and Publications" link under "Renewals". | Yes | No |
| 17. Are you on active duty in the military (see A.R.S. §32-4301 as it may apply to your renewal application)?   | Yes | No |

**ATTESTATION**

Pursuant to A.R.S. §§ 32-2091(12) and 32-2091.09(K), any false or misleading information provided to the Board may be cause for probation, suspension, or revocation of a behavior analyst's license. I hereby attest and certify under penalty of perjury that I am the person who completed and signed this form; that the statements herein contained are true in every respect; that I have not withheld any information that might affect my licensure or my inactive status as a behavior analyst; that I will conform to the standards of professional conduct as defined in A.R.S. § 32-2091, et seq. I further hereby attest that the signature below is my own signature.

If I am on any form of inactive status, I affirm that I will abide by Arizona Revised Statutes § 32-2091, et. seq. during my inactive status, will describe myself as Inactive and will not practice behavior analysis within the State of Arizona, pursuant to A.R.S. § 32-2091.06.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License No.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

State of Arizona Board of Psychologist Examiners

Record of Continuing Education

Please note: **No Supporting Documentation should accompany this form (e.g. certificates of completion)**. If notified that you have been selected for an audit, documentation must be submitted to the Board **UPON REQUEST** to verify completion of the course of study or training. Any false, incorrect or misleading statements on this form may subject the licensee to disciplinary action.

You may make additional copies of this form if needed. **(CONTINUED Voluntary Inactive licensees do not need to submit this form)**

Name of Activity	Sponsoring Organization	Brief Description of Content	Dates	# of Credits Received (identify Ethics)

Initial: \_\_\_\_\_

Total CE: \_\_\_\_\_

Name of Activity	Sponsoring Organization	Brief Description of Content	Dates	# of Credits Received (indicate whether Ethics)

Initial: \_\_\_\_\_

Total CE: \_\_\_\_\_

# CONFIDENTIAL INFORMATION

Pursuant to Arizona law, failure to update this information is a violation and may result in disciplinary action. The Board does not disclose a licensee's confidential information.

\_\_\_\_\_  
*Name (Last, First, Middle Initial)* \_\_\_\_\_  
*Degree*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Mailing Address (If different from above)*

(\_\_\_\_\_) \_\_\_\_\_  
*Home Telephone No.* \_\_\_\_\_  
*Date of Birth*

(\_\_\_\_\_) \_\_\_\_\_  
*Home Fax No. (optional)* \_\_\_\_\_  
*Social Security Number*

(\_\_\_\_\_) \_\_\_\_\_  
*Business Telephone No.* \_\_\_\_\_  
*Extension*

*Personal/Home*  
*E-mail Address (optional):* \_\_\_\_\_

*Business E-mail (optional):* \_\_\_\_\_

**Indicate to which address you would like to receive correspondence from the Board:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_