

**State of Arizona Board of Psychologist Examiners**

**2018**

**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 the last day of the licensee's birth month of the licensee's renewal year, and if hand-delivered, must be received by the Board office by 5:00 p.m. on the last day of the licensee's birth month of the licensee's renewal year, **to avoid an expired license and a \$200 reinstatement fee.**

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

- **The *completed* 2018 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**
- **The renewal fee, \$500.00, for active status renewals or, \$85.00, for inactive status renewal.**

**PLEASE NOTE: ALL completed application materials must be postmarked or delivered by the last day of a licensee's birth month of the licensee's renewal year, in order to avoid an expired license and a \$200.00 reinstatement fee.**

**\*If you submit a paper copy of the renewal form and you do not receive your license receipt within four - six weeks of mailing your renewal application, please call (602) 542-8163 or e-mail [Krishna.poe@psychboard.az.gov](mailto:Krishna.poe@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 or Inactive license by paying the prorated renewal fee and the \$200 reinstatement fee **within two months after the last day of the licensee's birth month.**
- (2) Beginning two months after the last day of the licensee's birth month during the licensee's renewal year until the last day of the licensee's birth month the following year, a license may be reinstated by paying the \$500.00 active renewal fee, the \$200.00 reinstatement fee, and by providing proof of competency and qualifications to the Board (not applicable to inactive status).
- (3) A licensee whose license is not reinstated within a year after the last day of the licensee's birth month of the licensee's renewal year may reapply for licensure as prescribed by Board statute and rule.

**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 FEES TO:**

**ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS  
1740 W. ADAMS ST., SUITE #3403  
PHOENIX, AZ 85007**

1740 W. Adams St, Ste. 34030  
Phoenix, Arizona 85007

Phone: (602) 542-8162  
Fax: (602) 542-8279  
<https://psychboard.az.gov>



2018

If this information is needed in an  
alternative format, please call  
(602) 542-8163.

**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 #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Pursuant to A.R.S. §32-2066(A)(2) the Board must list addresses for all active and inactive licensees on its website**

Should the Board use this address as your public address (will be listed on the Board's website directory)?  
[ ] Yes [ ] No

If no, please indicate your public address (will be listed on the Board's website directory):

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

**II. REQUESTED LICENSE STATUS**

Please select the following license status that you are requesting.

<b>ACTIVE STATUS</b>	
<input type="checkbox"/>	<p>If you wish to maintain your license on active status which allows you to practice in Arizona until your license expiration date, please submit this <b>Application for License Renewal</b> form and your <b>\$500.00 active license renewal fee</b>.</p>
<b>INACTIVE STATUS</b>	
<input type="checkbox"/>	<p><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>\$85.00 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. <i><b>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 <u>not</u> practice behavior analysis within the State of Arizona, pursuant to A.R.S. § 32-2091.07.</b></i>            _____(INITIALS)</p>
<input type="checkbox"/>	<p><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 <b>your \$500.000 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.</p>
<b>MEDICAL INACTIVE STATUS</b>	
<input type="checkbox"/>	<p><b>Medical Inactive:</b> 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 YOUR ACTIVE LICENSE 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.</p> <p>Mental: <input type="checkbox"/>            Physical: <input type="checkbox"/></p>
<input type="checkbox"/>	<p><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></p>

**RETIRED STATUS**

<input type="checkbox"/>	<p align="center"><b>License Expiration</b></p>	<p align="center">A behavior analyst who wishes to retire may (check one):</p> <p>1) Allow the license to <b>expire</b> - Check this box if you wish to retire and allow your license to expire. <b>No fee is required.</b> A behavior analyst license that expires cannot be reactivated and will be required to apply anew under current licensure requirements, including coursework and examinations. Your license will expire on the last day of your birth month of your renewal year, and you will receive no further contact from the Board. You may skip to the bottom of page 5 which requires your signature and a date.</p> <p>By marking this box, I affirm that my license is no longer active; it will expire/lapse as noted above. <b><i>I affirm that I will abide by Arizona Revised Statutes § 32-2061, et seq. during my RETIRED status, will describe myself as RETIRED and will not practice behavior analysis within the State of Arizona, pursuant to A.R.S. § 32-2091.07. _____(INITIALS)</i></b></p>
<input type="checkbox"/>	<p align="center"><b>Voluntary Inactive Status</b></p>	<p>2) Please note that licensees who are not practicing in Arizona and do not wish to expire their license have the option to place their license on Voluntary Inactive Status (see option above).</p>

**III. BACKGROUND INFORMATION**

Please read the following questions carefully. You must answer every question. If you answer "No" to question #1 or "Yes" to questions #2 through #15, please attach a separate sheet with a thorough explanation and include appropriate documentation such as related court orders, disciplinary actions, etc.

1. Are you in compliance with or exempt from the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records? If "No," please explain. Yes  No
  
2. Are you currently licensed or certified in other fields or professions? If yes, please list in which profession(s), license number(s), and regulatory jurisdiction(s). Yes  No
  
3. Are you currently licensed or certified as a behavior analyst in any other regulatory jurisdiction? If yes, please list the license number(s), and regulatory jurisdiction(s). Yes  No
  
4. Are you a member of hospital staff or provider panel? If yes, please list the hospital(s) and/or provider panels. Yes  No
  
5. Are you currently a member of any professional association? If yes, please list. Yes  No
  
6. Since the last license period, 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 the last license period, 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 the last license period, 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 the last license period, 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 the last license period, 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 the last license period, 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 the last license period, 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
15. If you are submitting the renewal application after the deadline, have you practiced Behavior Analysis in Arizona since your license expired? If yes provide an explanation. Yes  No
16. Since the last license period, will you have completed your prorated hours of Continuing Education (CE), or the pro-rated amount if you are newly licensed including ethics? If yes, please complete the attached Record of Continuing Education Supporting documentation, such as certificates of completion, of CE hours should not be submitted with this Application for License Renewal form, pursuant to A.A.C. R4-26-409. (Licensees who are requesting continuation of Inactive Status do not need to provide an explanation if answering "no"). Yes  No

17. Are you a United States Citizen? Yes  No   
 If yes, have you previously submitted valid proof of citizenship? Yes  No
18. 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 found on the Board's website, <https://psychboard.az.gov>, under the "Forms" tab under "Renewals". Yes  No
19. Are you on active duty in the military? 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.

With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

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. **(Inactive licensees do not need to submit this form)**

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

\_\_\_\_\_ Gender: Male Female  
*Name (Last, First, Middle Initial)*

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Home/Cell Telephone No. Date & Place of Birth*

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

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

*E-mail Address (please provide for Board communication):*

\_\_\_\_\_

Indicate which address you would like the Board to send correspondence to:

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