

# ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

## BEHAVIOR ANALYST

### APPLICATION FOR LICENSURE BY UNIVERSAL RECOGNITION

#### GENERAL INSTRUCTIONS AND INFORMATION

Please use **Adobe Acrobat** or **Adobe Reader** to complete this application. To be eligible for licensure by universal recognition, applicant must be actively licensed in one (1) other state (for the purpose of this application, "state" is inclusive of US territories) with the same practice level for at least one (1) year, have no open complaints or actions against any professional license, and provide objective evidence that they have established residence in Arizona. Documentation demonstrating that applicant has established residence in Arizona is required with the application. If you are not eligible for this application, please apply for licensure using the standard application – Behavior Analyst Application for Licensure.

#### APPLICATION MATERIALS

Enclosed is an application for behavior analyst licensure by universal recognition, pursuant to A.R.S. § 32-4302. Please read these materials carefully as lack of familiarity with the requirements may cause delays in the application process.

An application file is considered open upon receipt of the appropriately completed application and non-refundable fee, but is not considered administratively complete for review by the Board until the following documents have been received in the Board's office.

##### **A. The applicant must submit the following materials:**

1. Check or Money Order made payable to the Board of Psychologist Examiners in the amount of \$350.00. To pay application fee by credit/debit card, staff will email with instructions after the application has been received and processed.
2. Application for licensure by universal recognition with any required supporting documentation. *Do not include verifications in your application. Verifications must come from the primary source. This includes all types of required verifications.*
3. Photo taken in the last 60 days. See detailed instructions on pg 6.
4. The "Mandatory Confidential Information" page (non-public information)
5. Proof of Arizona residency. This may include but is not limited to: valid AZ driver's license, current AZ motor vehicle registration, proof of filing AZ income taxes in the most recent tax year, AZ voter registration, documentation of mortgage for an AZ residence, dated residential rental contract with proof of payment, proof of major banking services in AZ, proof of establishment of AZ utilities, proof of enrollment of children in AZ schools, documentation demonstrating a change in permanent address on all pertinent records, or military form 2058.
6. Completion of the Arizona Statement of Citizenship and Alien Status (2 pages) accompanied by copy of your passport, birth certificate & picture ID, or other acceptable documentation. *Please note, if the documentation, such as a birth certificate, does not have your picture, you must also send a copy of a valid picture ID such as a driver's license, US passport, military ID, etc.*

##### **B. The applicant must cause to be submitted by appropriate verifiers directly to the Board's office:**

1. Verification of all professional licenses including as a behavior analyst (with disciplinary actions, if any) ever held in other states, regardless of status, sent directly to the Board of Psychologist Examiners by the appropriate jurisdiction. *(Note: A license is not BCBA certification.)*

All documentation listed above including verifications may be sent by the following methods:  
email to [Zakiya.Mallas@psychboard.az.gov](mailto:Zakiya.Mallas@psychboard.az.gov),  
fax with cover sheet, or by mail to the Board's address on the next page.

It is the applicant's responsibility to request verifications and contact information sources to verify that materials have been sent. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. New applications must be administratively complete in order to be scheduled on the Board agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. The Board provides the applicant one *Notice of Deficiency* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at [Zakiya.Mallas@psychboard.az.gov](mailto:Zakiya.Mallas@psychboard.az.gov) or (602) 542-3022 to check the status of the application file.

## **STATUTES AND RULES**

Arizona licensees are expected to know the statutes and rules regulating the practice of Behavior analysis in Arizona. You may download a free copy of the Statutes and Rules from the Board's website at <http://psychboard.az.gov>. Go to the "Statutes and Rules" tab in the menu. To obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2087.03, and Rules, Arizona Administrative Code R4-26-101 through R4-26-310, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check.

## **CONTACTING THE BOARD**

Zakiya Mallas, Behavior Analysts Licensing Specialist

E-mail: [Zakiya.Mallas@psychboard.az.gov](mailto:Zakiya.Mallas@psychboard.az.gov)

Direct Line : (602) 542-3022

Fax: (602) 926-8095

Internet : <https://psychboard.az.gov>

### **Mailing Address**

Arizona Board of Psychologist Examiners

1740 West Adams Street, Suite 3403

Phoenix, Arizona 85007

## **NOTICE FOR AMERICANS WITH DISABILITIES**

Title II of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with disabilities may request reasonable accommodations by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for accommodations. These documents may be made available in alternative formats by contacting the Board.

### **NOTICE:**

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.

### **NOTICE:**

Pursuant to Section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with Section 41-1093.01, Arizona Revised Statutes.

### **NOTICE:**

Pursuant to Section 32-4302, Arizona Revised Statutes, a person shall be granted an occupational or professional license or certificate if the person has been licensed or certified in another state for at least twelve months, the license or certificate is in the same discipline and at the same practice level as the license or certificate for which the person is applying in this state and the person meets other conditions prescribed by Section 32-4302, Arizona Revised Statutes.



# State of Arizona Board of Psychologist Examiners

1740 West Adams St., Suite 3403  
Phoenix, AZ 85007

Ph: 602-542-8161  
Fx: 602-542-8279

Email: [Kathy.fowkes@psychboard.az.gov](mailto:Kathy.fowkes@psychboard.az.gov)  
<https://psychboard.az.gov>

## BEHAVIOR ANALYST APPLICATION FOR LICENSURE BY UNIVERSAL RECOGNITION

1. **NAME (please print or type):** \_\_\_\_\_  
(Include degree abbreviation, such as M.S., M.A., M.Ed., Ph.D., etc.)

2. **I have established residence in Arizona.**  **Yes**  **No**

*If your answer is 'no to #2', you do not qualify to apply by universal recognition under A.R.S. § 32-4302. Please review the requirements for an Arizona license with the Behavior Analyst Application for Licensure.*

3. **I have an active license as a behavior analyst in the State of** \_\_\_\_\_ **Initial Issuance Date :** \_\_\_\_\_  
(State Abbreviation) (MM/DD/YY – exact date required)

*If you do not have an active license as a behavior analyst in another state, you do not qualify to apply by universal recognition under A.R.S. § 32-4302. Please review the requirements for an Arizona license with the Behavior Analyst Application for Licensure*

4. **INSTRUCTIONS: Initial each statement, attesting to your understanding of your role in the application process.**

- a. \_\_\_\_\_ (initials) I hereby apply to be licensed by universal recognition as a behavior analyst by the Arizona Board of Psychologist Examiners. Enclosed is the application fee which I understand is **nonrefundable**. I have been licensed for at least 1 (one) year as a behavior analyst in another state.
- b. \_\_\_\_\_ (initials) I understand that it is my responsibility to contact any state in which I have ever held a behavior analyst license and request that an official verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners, with the following exception: If I am licensed in Indiana, I understand I may include verification of this license with my application.
- c. \_\_\_\_\_ (initials) I understand that it is my responsibility to submit objective evidence to the Arizona Board of Psychologist Examiners that I reside in Arizona.
- d. \_\_\_\_\_ (initials) I understand that, if in the judgment of the Board, more information is necessary, further documented evidence may be required from me and/or my credentialing agency.
- e. \_\_\_\_\_ (initials) I understand that my file will be considered **open** upon the Board's receipt of my application form and payment. My file will not be considered **administratively complete** or ready for Board review **until all materials required by the Board are received on appropriate forms at the Board office**. Application materials are open to public inspection except those materials considered confidential by law, pursuant to A.A.C. R4-26-101(11).
- f. \_\_\_\_\_ (initials) I further understand that I may not list myself **as a behavior analyst** in Arizona telephone directories, business cards, or otherwise represent myself as a behavior analyst, until I have been officially notified that I have been licensed as a behavior analyst in Arizona.

5. **Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## GENERAL INFORMATION

(PLEASE PRINT OR TYPE. If a field is not applicable, please write or type "N/A".)

1.	Full Name:	Date:						
Home Address: Please provide on the <i>Mandatory Confidential Information</i> form enclosed.								
Work Address:	Street:							
	City:	State:	Zip:					
Work Phone:	(    )	Ext.:	Work Fax:	(    )				
Work Email:								
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male							
2. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board.				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Home</td> <td style="width: 50%; text-align: center;">Business</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Home	Business	<input type="checkbox"/>	<input type="checkbox"/>
Home	Business							
<input type="checkbox"/>	<input type="checkbox"/>							
3. Which address would you like the Board to use as your mailing address?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Home</td> <td style="width: 50%; text-align: center;">Business</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Home	Business	<input type="checkbox"/>	<input type="checkbox"/>
Home	Business							
<input type="checkbox"/>	<input type="checkbox"/>							

**PLEASE CHECK YES OR NO**

	YES	NO
4. Are you or have you been licensed as a behavior analyst in any state (jurisdiction)? If yes, list state(s) and license number(s): A. _____ B. _____ C. _____ D. _____ E. _____	<input type="checkbox"/>	<input type="checkbox"/>

**FOR QUESTIONS 5 THROUGH 10 BELOW, If your answer is "yes", please attach a detailed written explanation and provide appropriate documentation (for details regarding this, see "Appropriate Documentation for Yes Answers" at the end of this PDF). Anticipate that you will be expected to participate in an interview before the Application Review Committee and/or the Board when your application is substantively reviewed.**

	YES	NO
5. Have you ever had a professional license, certification or registration refused, revoked, suspended or restricted in any regulatory jurisdiction of the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever voluntarily surrendered a license, certification, or registration in another regulatory jurisdiction in the U.S. while under investigation for reasons that relate to unprofessional conduct or in lieu of disciplinary proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a complaint, allegation or investigation in another regulatory jurisdiction in the US that relates to unprofessional conduct against your professional license, certification or registration?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any <b>felony</b> or a <b>misdemeanor</b> other than a minor traffic offense ( <b>a DUI or is not a minor traffic offense</b> ) or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged, pardoned or deleted?	<input type="checkbox"/>	<input type="checkbox"/>

**FOR QUESTIONS 9 AND 10, ANSWERS ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC**

9. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice?		
10. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice behavior analysis safely and effectively?		

**11. GRADUATE EDUCATION AND BEHAVIOR ANALYST CERTIFICATE OR VERIFIED COURSE SEQUENCE:**

<b>Name of University, College or Institute of Higher Learning:</b>			
<b>City and State:</b>			
<b>Matriculation Date:</b>		<b>End/Graduation Date:</b>	
<b>Degree Earned:</b>			
<b>Name of Dept:</b>			
<b>Major Subject Area:</b>			
<b>Name of University, College or Institute of Higher Learning:</b>			
<b>City and State:</b>			
<b>Matriculation Date:</b>		<b>End/Graduation Date:</b>	
<b>Degree Earned:</b>			
<b>Name of Dept:</b>			
<b>Major Subject Area:</b>			
<b>Name of University, College or Institute of Higher Learning:</b>			
<b>City and State:</b>			
<b>Matriculation Date:</b>		<b>End/Graduation Date:</b>	
<b>Degree Earned:</b>			
<b>Name of Dept:</b>			
<b>Major Subject Area:</b>			

--- continued on next page ---

<b>12. Regarding military service:</b> a. Are you on active duty in the military? b. Are you a military veteran? c. Is your spouse on active duty in the military? d. Is your spouse a military veteran?	a.		
	b.		
	c.		
	d.		

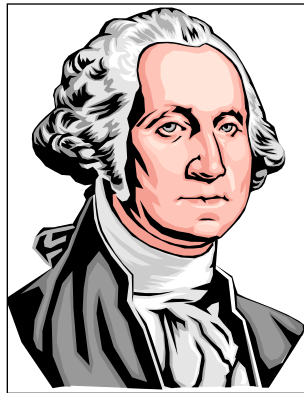
13. If licensed, I would like my name on the license to read:

\_\_\_\_\_

(Name and degree only, such as M.S., M.A., M.Ed., Ph.D., etc.)

14. This application shall be accompanied by:

- A. One original, "passport quality" photograph taken not more than 60 days before the date of the application. (Passport quality means a color photo of head and shoulders only, facing front, plain background, good lighting, in focus, etc. Digital photo acceptable if it is "passport quality".) In the space below, firmly attach with tape or glue, a color photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple. May also be emailed to [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov).
- B. A Check or Money Order in the amount of \$350.00 made payable to the Arizona Board of Psychologist Examiners. (Please refer to fee table at the end of the application packet if you are not sure of the fee required).



PHOTOGRAPH

### ATTESTATION

Pursuant to A.R.S. Sections 32-2091.09 and 32-2091.12, I understand that any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of my license.

I swear that the statements contained herein are true in every respect. I have not omitted any information that might affect this application. I will conform to the standards of professional conduct as defined in Arizona Revised Statute Section 32-2091, et seq., and the rules pertaining thereto.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Arizona Board of Psychologist Examiners Mandatory Confidential Information

<b>Name (Last, First, Middle):</b>			
<b>Other Names Used (such as birth name, if different from above)</b>			
<b>Residential Address* (PO Box Not Acceptable):</b>			
<b>City, State Zip</b>			
<b>Mailing Address, if different from above:</b>			
<b>City, State Zip:</b>			
<b>E-Mail Address:</b>			
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>	

Check here to indicate if residential address is the same as your business address

<b>Date of Birth**</b>		<b>9-digit SSN***:</b>	
<b>Place of Birth (City, State, Country)</b>			

\* The Board does not disclose a licensee's residential address unless it is the only address provided to the board.

\*\*The Board does not disclose a licensee's date of birth.

\*\*\*A.R.S. §§ 25-320(P) and 25-502(K) mandate that each licensing Board or agency that issues professional or occupational licenses or certificates shall obtain and record the social security number of an applicant for a professional or occupational license or certificate. Social security numbers will not be disclosed except when disclosure is required by law, such as disciplinary reports to the National Practitioner Data Bank or to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders.

**ARIZONA STATEMENT OF CITIZENSHIP  
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
**Professional License and Commercial License**  
Arizona Board of Psychologist Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

- **Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
- Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal.
- If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.
- You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

**SECTION I — APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF APPLICATION (check one)     INITIAL APPLICATION                       RENEWAL

TYPE OF LICENSE APPLYING FOR: \_\_\_\_\_

**SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION**

A. Are you a citizen or national of the United States     Yes                       No

B. Place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

C. If you answered **Yes in A**:

1) Attach a legible copy of a document from the attached list.

Name of document \_\_\_\_\_

2) Go to Section IV on Page 2.

D. If you answered **No in A**, you must complete Section III and IV (Page 2)



### SECTION III — ALIEN STATUS DECLARATION

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

**“Qualified Alien” Status** (8 U.S.C.§§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C.§ 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

**Alien Paroled into the United States For Less Than One Year** (8 U.S.C.§ 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons** (8 U.S.C.§ 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present** (A.R.S. § 1-501)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C.§ 1621(a).

### SECTION IV — DECLARATION

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
TODAY’S DATE

## EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS OR ALIEN STATUS

**INSTRUCTIONS: For an ID containing a photo, DO NOT copy or fax. Take a photo with your mobile device and upload to submissions portal. Sending a photocopy or fax will cause a delay and you will be required to re-send your photo ID following these instructions. A color scan is acceptable as long as the result is clearly legible.**

A.	If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. (Example: Birth certificate and state driver license.)
B.	You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name. If the name change is a result of a divorce decree, please submit only the page or pages that demonstrate the name change and effective date of the change.

### Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona ID card.
2. A driver license issued by a state that verifies lawful presence in the United States.\*  
\*States that do not verify lawful presence before issuing a driver license: CA, IL, MI, MN, NM, NY, VT, WA and UT. (An **ENHANCED** driver license from MI, MN, NY, VT or WA is acceptable. ID must state "Enhanced Driver License" or for NY, a U.S. flag icon in lower right corner.)
3. A REAL ID compliant driver license or ID card issued by any state or territory in the U.S. (Has a star in the upper right corner).
4. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time).
5. A United States certificate of birth abroad.
6. A United States Passport or United States Passport Card. \*\*\*Passport must be signed\*\*\*
7. A foreign passport with a United States visa.
8. An I-94 form with a photograph.
9. A United States citizenship and immigration services employment authorization document or refugee travel document.
10. A United States certificate of naturalization.
11. A United States certificate of citizenship.
12. A tribal certificate of Indian blood.
13. A tribal or Bureau of Indian Affairs affidavit of birth.
14. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

**ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS**  
**BEHAVIOR ANALYST APPLICATION FOR LICENSURE BY UNIVERSAL RECOGNITION**

**APPROPRIATE DOCUMENTATION FOR “YES” ANSWERS (QUESTIONS 6-13)**

The licensing Board’s mission first and foremost is to protect the public. To that end, the Board requires applicants to answer questions related to professional conduct so that it can ascertain whether an applicant may be a danger to clients and patients. Below are the professional conduct questions asked on the Behavior Analyst application, and the associated documentation or evidence that the applicant must submit to the Board if the applicant’s answer to the question is “yes”.

- 6) Have you ever had a professional license, certification or registration refused, revoked, suspended or restricted in any regulatory jurisdiction of the U.S. or in another country?
  - a. A copy of any and all official Board order(s), action(s), consent agreement(s), etc. detailing the finding of facts, conclusions of law and terms of the order.
  - b. Your detailed written explanation regarding the events that led to the Board’s action(s). Please include what you’ve learned from the experience(s), and what corrective action measures you have taken as a result.
  
- 7) Have you ever voluntarily surrendered a license, certification, or registration in another regulatory jurisdiction in the U.S. or another country while under investigation for reasons that relate to unprofessional conduct or in lieu of disciplinary proceedings?
  - a. A copy of any and all official Board order(s), action(s), consent agreement(s), etc. detailing the finding of facts, conclusions of law and terms of the order.
  - b. Your detailed written explanation regarding the events that led to the voluntary surrender. Please include what you’ve learned from the experience(s), and what corrective action measures you have taken as a result.
  
- 8) Have you ever had a complaint, allegation or investigation in another regulatory jurisdiction in the US or another country that relates to unprofessional conduct against your professional license, certification or registration?
  - a. A copy of any and all unresolved complaints, allegations or investigation(s), a copy of your response(s), and the current status of the complaint.
  - b. Your detailed written explanation regarding the events surrounding the complaint, allegation, etc., and what corrective action measures you have taken as a result.
  
- 9) Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or misdemeanor other than a minor traffic offense or ever entered into a diversion program in lieu of prosecution, including any convictions that have been expunged, pardoned, or deleted? (Please note: a DUI is not a minor traffic offense and is required to be reported.) If yes, please provide a detailed written explanation, a copy of any and all police records and any and all court records. A docket is not a complete court record.
  - a. A copy of any and all police records. Please contact the law enforcement agency involved to obtain these records. The records should include the officer’s report, ticket(s), any and all sobriety test results and lab results, if applicable, all initial charges, impound records, if any, etc.
  - b. A copy of any and all court records. Please contact the court where the matter was heard to obtain these records. Court records may include some police records. Include any charging documents, sentencing documents, probation documents, proof of completion of terms of sentencing, etc.

- c. If the law enforcement agency and the court no longer have the records on file, a letter from the agency or court is required. The letter must explain why the records no longer exist.
- d. Your detailed written explanation regarding the events that led to the arrest/charge, how the matter was resolved, what you learned from the experience(s), and what corrective measures you have taken as a result.

10) Have you ever been sued or prosecuted for an act or omission relating to your practice as a behavior analyst, or your work in another profession?

- a. A copy of any and all official court documents related to the lawsuit including the lawsuit, any settlement documents, dismissals if any, etc.
- b. Your detailed written explanation of the events that led to the lawsuit, how it was resolved, what you learned from the experience, and what corrective measures you have taken as a result.

11) Have you ever been involuntarily terminated for cause or have you resigned for cause from any position related to the practice of applied behavior analysis as defined by A.R.S. §32-2091(3) in lieu of termination from any behavioral health position or related employment?

- a. Your detailed written explanation of events that led to your termination or resignation.
- b. A copy of any written communication with or from your employer concerning the matter. This includes emails, texts and letters, if any.

**ANSWERS TO QUESTIONS 12 AND 13 ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC**

12) Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to safely and competently practice?

- a. Your detailed written explanation regarding this medical condition, when it started, when you became sober, if there have been any relapses, how it has been and/or is being treated, and the steps you have taken and are taking to remain sober.
- b. Any related medical records, discharge reports, etc.

13) Do you have any medical, physical, or psychological condition that may in any way impair or limit your ability to practice behavior analysis safely and effectively?

- a. Your detailed written explanation regarding this medical condition, when it started, how it is being treated, your current health status, etc.
- b. A letter from your treating health professional directly to the Board regarding the professional's credentials, how long you have been under the professional's care, your current health status, treatment plan, prognosis, and their opinion of your ability to practice safely.