

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS BEHAVIOR ANALYST APPLICATION FOR LICENSURE

GENERAL INSTRUCTIONS AND INFORMATION

An application form for licensure as a behavior analyst by the Arizona Board of Psychologist Examiners (Board) is enclosed. Please read the enclosed materials very carefully as lack of attention to detail and/or lack of familiarity with the requirements may cause delays in the application process. The most recent application is always available for download from the BA Applications page of the Board's website.

Board staff will verify your BCBA® certification using the online BACB® Registry.

Please use the Checklist on pages 14-15 of this packet to determine if your application is ready to be submitted. 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 have been received in the Board's office.

DOCUMENTS APPLICANT MAY SUBMIT:

1. Check or Money Order in the amount of \$350 made payable to the Board of Psychologist Examiners. Alternatively, you may pay by credit or debit card online after submitting your application. Email instructions will be sent once the application has been entered into the database.
2. Application for Licensure with any required supporting documentation (review "Appropriate Documentation for 'Yes' Answers" on pgs 16-17, if answering Yes to any professional conduct question);
3. Mandatory Confidential Information form (non-public information);
4. Completion of the Arizona Statement of Citizenship and Alien Status form accompanied by copy of current, government issued photo ID from the evidence list (enclosed);
5. For each supervisor, a copy or screen shot of the supervisor's BCBA certification information from the BACB's online certificant registry. Please do not take a photo of the screen – this results in a pixilated low-quality image.
6. If the supervised experience took place in a state that requires licensure, a copy or screenshot of the supervisor's license information from the licensing Board's online license lookup/search/verification including Arizona. If the location was Texas, verification from the Texas Board of the date the supervisor's license was initially issued (the online license verification and the mailed verification from the Texas Board only supply the most recent renewal date, so a written request must be sent to the Texas Board to obtain the supervisor's initial issuance date.)
7. If you were supervised by multiple supervisors at one organization and you are applying those hours towards licensure, additional information is required in order for the Board to determine if the supervised experience complies with A.A.C. R4-26-404.2(C)(4). Complete the form "Multiple Supervisors at One Organization" on pgs 18-19, or downloaded from the BA Applications page, for each organization at which you had multiple supervisors. Follow the instructions to obtain the additional materials that need to be included with this form. If we receive verification of supervised experience with multiple supervisors at one organization listed, your application will not be administratively complete without this documentation.

PRIMARY SOURCE VERIFICATIONS REQUIRED:

All of the documents listed below must be sent by the appropriate information sources, NOT the applicant. DO NOT include the below documents with your application unless in the original sealed envelope from the verifying entity.

8. Verification of 1,500 hours of supervised experience via EITHER BACB® Final Experience Verification Form(s) submitted directly to the Board by the training program administrator/supervisor, OR Arizona's Supervised Training Experience or Independent Fieldwork Verification form submitted by the training program administrator or supervisor. *These are primary source verifications and must be received directly from the supervisor in order to be valid.* The Arizona form is in this packet or may be downloaded from the BA Applications page of the Board's website. These may be uploaded to the [BA submissions portal](#).
9. Official transcripts from all graduate institutions attended and for all ABA coursework, sent directly to the Board by the university/college. Authenticated digital transcripts are acceptable to Zakiya.Mallas@psychboard.az.gov; and
10. Official verification of license(s) you hold or have held in other jurisdiction(s), if applicable, sent directly to the Board by the appropriate jurisdiction (email or mail). All licenses must be verified, regardless of the type of license or the license status.

It is the applicant's responsibility to contact information sources to verify that materials have been sent. Board staff does not send application documents to information sources. 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. Applications must be administratively complete in order to be scheduled on a meeting 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 Incomplete Application* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically to check the status of the application file.

STATUTES AND RULES

A free copy of the Board's Statutes and Rules (rules governing behavior analysts) is available on the Board's website <https://psychboard.az.gov>. To obtain a hard copy of the Board's Statutes and Rules, please send a check or money order for \$5.00 to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check.

CONTACTING THE BOARD

Zakiya Mallas, Licensing Specialist
Fax: (602) 926-8095
Email: Zakiya.Mallas@psychboard.az.gov
Website: <https://psychboard.az.gov>
[Arizona BA Document Submissions Portal](#)

Mailing Address:
Arizona Board of Psychologist Examiners
1740 W. Adams Street, Suite 3403
Phoenix, AZ 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. 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. Documents may be made available in alternative format 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.

FEE SCHEDULE

License Application	\$350.00
Initial License (After Approval)	\$500.00 max. (Prorated, \$ 20.833 per month)
Biennial Active Renewal	\$500.00
Biennial Inactive Renewal	\$ 85.00
Reinstatement	\$200.00

Statutes & Rules - Printed (Available at no cost on the Board's website)	\$ 5.00
Duplicate Renewal Receipt/Wallet Card	\$ 5.00
Duplicate 8/12 x 11 Commemorative Wall Certificate	\$25.00
Verification of Licensure (This fee is waived until further notice.)	\$ 2.00

Fees may be paid by personal check or money order submitted to and made payable to the AZ Board of Psychologist Examiners. To pay the application fee via credit/debit card, please submit your application and let staff know you wish to pay the application fee online. Staff must enter the application into the system before you can register and pay the application fee.

GENERAL INFORMATION

(Please print or type)

This information is considered public. Please provide residential/confidential information on Mandatory Confidential Information form, enclosed.

1.	Full Name:								
Other Names Used (currently or in the past):									
Work/Business Address:		Street:							
<input type="checkbox"/>	No Work Address-N/A	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 agency directory.						Home	Work	
3.	At which address would you like to receive correspondence?						Home	Work	
4.	Regarding military service:						Yes	No	N/A
	a. Are you on active duty in the military?						a		
	b. Are you a military veteran?						b		
	c. Is your spouse on active duty in the military? (If not married, answer "N/A")						c		
	d. Is your spouse a military veteran? (If not married, answer "N/A")						d		
5.	Are you certified as a behavior analyst by the Behavior Analyst Certification Board (BACB®)? If yes, provide original certification number and date below: Certification Number: _____ Date: _____						Yes	No	
6.	If you are <u>not</u> certified by the BACB®, have you ever taken the BACB® examination for certification as a behavior analyst? If yes, please provide examination date: Date of Exam: _____						Yes	No	N/A
7.	Are you or have you been licensed as a behavior analyst in any State or Territory in the US or any other country? (A license is issued by a state government agency and does <u>not</u> refer to national certifications.) If yes, list name of issuing State(s) or Territory and license number(s): _____						Yes	No	
8.	Are you or have you been licensed or certified in any other field(s) or profession(s)? If yes, please provide the name of the profession(s), name of issuing State or Territory, and license number(s): _____						Yes	No	
<p>IF ANSWERING "YES" TO QUESTIONS 9 - 14, please attach a detailed written explanation on a separate sheet of paper and provide a copy of appropriate supporting documentation (see "Appropriate Documentation for 'Yes' Answers" on the BA Applications page of the Board's website for more information). Anticipate that you will be asked to participate in an interview before the Committee on Behavior Analysts during the meeting when your application is substantively reviewed.</p>									
9.	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?						Yes	No	

10.	Have you ever voluntarily surrendered a license, certification, or registration in another regulatory jurisdiction in the U.S. or another country or a national certification while under investigation for reasons that relate to unprofessional conduct or in lieu of disciplinary proceedings?	Yes	No	
11.	Have you ever had a complaint, allegation or investigation by a national certifying body (i.e. BACB) and/or in another regulatory jurisdiction in the US or another country that relates to unprofessional conduct against your professional license, certification or registration?	Yes	No	
12.	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 <u>any and all</u> police records and <u>any and all</u> court records. A docket is not the court record. For more information, review "Appropriate Documentation for 'Yes' Answers" on the BA Applications page of the Board's website.)	Yes	No	
13.	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?	Yes	No	
14.	Have you ever been involuntarily terminated for cause or have you resigned in lieu of termination for cause from any position related to the practice of applied behavior analysis as defined by A.R.S. §32-2091(3)?	Yes	No	

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

List any and all graduate education you have obtained regardless of major or if a degree was conferred.

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

16. Official Graduate Degree Program Title: _____

17. Names of Major Advisor: _____ Dept: _____

18.	Pursuant to A.R.S. § 32-2091.03(A)(3), were you certified as BCBA® prior to January 1, 2015? If “Yes,” for question 19 please answer “N/A” and proceed to question 20.	Yes	No	N/A
19.	Did you complete at least 270 classroom hours of specific graduate level instruction that meets BACB® standards for behavior analysts?	Yes	No	N/A
20.	Were any of the supervision hours you are applying towards licensure supervised by a faculty member of your graduate program? If yes, please provide the name of the professor and the number of hours: Name: _____ Hours: _____	Yes	No	N/A
21.	Supervised work experience in behavior analysis (please submit applicable verification forms to your supervisor(s)):			
a.	Have you completed a minimum of 1,500 hours supervised work experience in behavior analysis? (If “no”, applicant may need to complete additional hours of supervised experience to meet the 1,500-hour requirement under A.R.S. §32-2091.03 & A.A.C. R4-26-404.2, even if applicant was certified by the BACB® before January 1, 2015.)	Yes	No	
b.	Did the experience include conducting behavioral assessments related to behavioral interventions?	Yes	No	
c.	Did the experience include designing, implementing, and monitoring skill-acquisition and behavior-reduction programs?	Yes	No	
d.	Did the experience include overseeing the implementation of behavior-analytic programs by others?	Yes	No	
e.	Did the experience include training, designing analytic behavioral systems, and managing performance?	Yes	No	
f.	Did the experience include other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program?	Yes	No	
ANSWERS TO QUESTIONS 22 AND 23 ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC. (If answering “yes” to questions 22 and 23 below, please attach a detailed written explanation on a separate sheet of paper and provide a copy of appropriate supporting documentation (see “Appropriate Documentation for ‘Yes’ Answers” on the BA Applications page of the Board’s website). Anticipate that you will be asked to participate in an interview before the Committee on Behavior Analysts during the meeting when your application is substantively reviewed.)				
22.	Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to safely and competently practice?	Yes	No	
23.	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?	Yes	No	

24: EXPERIENCE IN BEHAVIOR ANALYSIS: YOU MUST LIST SUPERVISED EXPERIENCES YOU ARE APPLYING TOWARDS LICENSURE BELOW. If applying hours towards licensure, it is NOT employment only. List most recent first and, for each of the positions, provide the information requested for each. Use n/a for non-applicable information. If a type of experience was a supervised experience for a time, and employment only for a time, please list each separately with start and end dates for each type of experience.

Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:		End Date:	Hours/Week:
Site Name:			
Site Location City and State:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Location City and State:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Location City and State:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Location City and State:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Location City and State:		Your title:	
Name of Professional Supervisor:			
Type of Experience:		<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Certification/Licensure
Start Date:	End Date:	Hours/Week:	
Site Name:			
Site Location City and State:		Your title:	
Name of Professional Supervisor:			

****Note: You may photocopy this page or add additional pages as needed.***

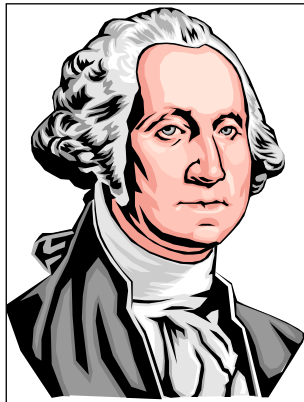
25. If licensed, I would like the name on my wall certificate to read:

(Name and degree abbreviation such as M.S., M.Ed., Ph.D., etc., as applicable. Not including BCBA®, ABA, etc.)

26. This application shall be accompanied by:

- a. One original, "passport quality" photograph **taken not more than 60 days before the date of your signature, below**. This may be a selfie taken with your phone as long as it is high resolution, head and shoulders, facing front, plain background, in focus, good lighting, etc. ("passport quality") and email it to the licensing specialist. If emailing, do not re-size. Full length snapshots, newsprints, negatives or proofs are not acceptable.

If self-printing, in the space below, firmly attach with tape or stick glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size over George Washington, below. **DO NOT STAPLE.**



PHOTOGRAPH

- b. Application fee in the amount of **\$350.00***. Check or money order should be made payable to the Arizona Board of Psychologist Examiners. If paying by credit/debit card, submit the application (email is acceptable) and let Board staff know you wish to pay by credit/debit card. The application must be entered into the system before the application fee can be paid with a credit/debit card via the online application portal. Staff cannot process credit/debit cards.

If your income is 200% or more below the federal poverty level, you may qualify for a fee waiver. Please see the application for this on the Board's website on the BA Applications page.

ATTESTATION

Pursuant to A.R.S. Sections 32-2091.09 and 32-2091.12, 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 your 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



State of Arizona Board of Psychologist Examiners

1740 W. Adams Street, Ste. 3403
Phoenix, AZ 85007

Phone: 602-542-8161
Fax: 602-926-8095

E-Mail: zakiya.mallas@psychboard.az.gov
[https:// psychboard.az.gov](https://psychboard.az.gov)

Verifier, please submit the completed form via the Board's submissions portal at <https://tinyurl.com/AZ-BASubmission>

SUPERVISED WORK EXPERIENCE OR INDEPENDENT FIELDWORK VERIFICATION (MINIMUM 1,500 HOURS TOTAL REQUIRED FOR LICENSURE)

APPLICANT: If using this form instead of your BACB® Experience Verification Form(s) to verify your supervised hours, please complete the top portion of this form and submit to your supervisor(s). Your supervisors will complete Sections A & B and must submit the form directly to the Board's office. **DO NOT include verifications in your application packet.** This is a primary source verification and must be received directly from the supervisor in order to be valid.

Dear _____:
(Name of Supervisor)

Date: _____

I am applying for licensure as a Behavior Analyst in Arizona. My application shows that I participated in supervised work experience or independent fieldwork in the practice of applied behavior analysis with you or your organization from ____/____/____ to ____/____/____ (MM/DD/YY), A.R.S. § 32-2091.03 & A.A.C. R4-26-403(C)(2) require that evidence of at least 1,500 hours of supervised work experience or independent fieldwork be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and submit this and any other requested information directly to the Board at <https://tinyurl.com/AZ-BASubmission>. Thank you for your assistance.

Applicant Signature: _____ Printed Name: _____

SECTION A. (The information below must be completed by the supervisor, or certified behavior analyst knowledgeable of the applicant's supervised experience or fieldwork. **It may not be completed by the applicant.**)

I attest that _____ participated in supervised work experience or independent
(Name of Applicant)

fieldwork in the practice of applied behavior analysis from _____ to _____ (MM/DD/YYYY),

at (Site Name): _____

located at: (Site City & State): _____
(location of supervised experience, where supervisee is providing behavior analytic services under supervision)

1. Total hours of experience: _____

IF ANSWERING "NO" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER

2.	Did this applicant successfully perform the supervised work experience or independent fieldwork at a satisfactory level of performance?	Yes	No
3.	Did work experience or fieldwork include the following:		
a.	Conducting behavior assessments related to behavioral interventions?	Yes	No
b.	Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs?	Yes	No
c.	Overseeing the implementation of behavior-analytic programs by others?	Yes	No
d.	Training, designing analytic behavioral systems, and managing performance?	Yes	No
e.	Other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program?	Yes	No

4.	For supervised work experience, did the supervisor observe the applicant engaging in behavior analytic activities in the natural environment at least once every two weeks?	Yes	No
5.	Were no more than half of the supervised hours in each supervisory period conducted in small groups of 10 or fewer participants?	Yes	No
6.	Did the remainder of the total supervision hours in each supervisory period consist of direct one-to-one contact?	Yes	No
7.	During the entire course of supervision, was the trainee supervised at a frequency that meets the standards of the BACB®?	Yes	No
8.	During the entire period of supervision, was the supervisor a BCBA® who met the BACB's supervision requirements and was eligible to provide supervision? If not, please provide a written explanation.	Yes	No
9.	During the entire period of supervision, was the supervisor licensed as a Behavior Analyst in the same state in which supervision took place? (licensure is not the same as BCBA certification. A license is issued by a regulatory jurisdiction such as a state, territory or province.) (Please note, if the state/jurisdiction in which supervision took place offers licensure for BAs, the supervisor must be licensed by that jurisdiction, or the Board cannot accept the trainee's hours of supervised experience for the purpose of licensure. If a state does not offer licensure for behavior analysts, 'no' is the appropriate answer, and licensure is not required. BCBA® certification is not equivalent to state licensure. Regardless of licensure, the supervisor must be BCBA® certified (R4-26-404.2(C)) and meet BACB®'s requirements for supervisors (R4-26-404.2(C)(6)(b)).	Yes	No
10.	Name of State in which supervision took place: _____ (Please note, supervision takes place in the state where the trainee is providing behavior analytic services, regardless of the location of the supervisor.)		
11.	Was the supervisor conducting the supervised work experience a relative, subordinate, or employee of the applicant?	Yes	No
12.	Were any other modifications made to the training program due to the pandemic that were not captured above? If so, please provide a written explanation detailing the changes.	Yes	No

SECTION B.

I hereby attest that the information provided here is true and complete to the best of my knowledge.

Signature

Address

Printed Name

Address line 2

Title

Address line 3

State Licensed, if applicable (n/a if not licensed as BA)

Telephone Number with Area Code

License Number, if applicable (n/a if not licensed as BA)

Email Address (for follow up if needed)

BCBA Certification Number

Arizona Board of Psychologist Examiners Mandatory Confidential Information

Name (Last, First, Middle):			
Other Names Used (such as birth name, if different from above)			
Residential Address* (PO Box Not Acceptable):			
City, State Zip			
Mailing Address, if different from above:			
City, State Zip:			
E-Mail Address:			
Cell/Home Phone Number:		Home Fax Number:	
<input type="checkbox"/> Pursuant to A.R.S. § 32-3226, by checking this box I am stating that I do not have a work address at this time and OPT OUT of the requirement to make my residential address public. I have provided the Board with a phone number or email address, above, which can be disclosed to a patient or client seeking a copy of their records. (Please note, an applicant or licensee may have a work/business address in another state.)			

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

* The Board does not disclose a licensee's residential address unless it is the only address provided to the Board. Pursuant to A.R.S. § 32-3226, if you check the Opt Out box, above, the residential address will not be disclosed. In the event that a patient or client calls the Board seeking a copy of their records, the Board is required to disclose the email address and/or phone number on file.

** The Board does not disclose an applicant's or 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 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 LICENSE FOR WHICH YOU ARE APPLYING: _____

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 evidence 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

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS BEHAVIOR ANALYST APPLICATION FOR LICENSURE

AM I READY TO SUBMIT MY APPLICATION?

Please use this checklist to help determine if your application is ready to be submitted. Please read each question carefully, as failure to complete the application correctly will result in a delay in application processing time, and may lead to possible denial.

BA Submissions portal link: <https://tinyurl.com/AZ-BASubmission>

1. Submitted by Applicant:

I filled out the application, answered all the questions and have uploaded any attachments:

- A. I completed the [Arizona Statement of Citizenship and Alien Status](#) form in this application packet. I filled out Sections 1 and 2 on the first page. On the second page, I filled in Section 3 if I am not a US citizen and skipped it if I am a US citizen. In Section 4, I signed and dated it. I understand both pages are needed, and the form is not valid without my signature and the date signed in Section 4. I understand that this is required by state law.
- B. I took a photo with my digital camera/smartphone of my Real ID, US Passport or other current government issued picture ID from the evidence list on page 3 of the Cit form. If my driver's license is from a state that does not require proof of lawful presence in the US, I also took a photo of my birth certificate or other ID.
- C. I uploaded the form and ID to the [submissions portal](#).
- D. I had a "passport-quality" photo **taken in the last 60 days** and uploaded it to the [submissions portal](#). ("Passport quality" means in color, of your head and shoulders only, facing front, plain background, good lighting, in focus, etc.) I understand that a smile is fine, and that this photo will be part of my public license file. **I understand I can take this with a smartphone as long as it is high resolution.**
- E. If I answered Yes to a question pertaining to professional conduct, I have obtained the appropriate documentation and uploaded it to the [submissions portal](#). I reviewed the document, "Appropriate Documentation for Yes Answers" (starting on page 3 of this PDF) to be sure I have the correct documents. I understand that if I don't upload these, Board staff will request them, and my application will remain administratively incomplete until these have been received in the Board's office. I also understand that I will be asked to participate in an interview before the Committee on Behavior Analysts during the meeting at which my application is substantively reviewed.
- F. If I had multiple supervisors at one organization, I have filled out the "Multiple Supervisors at One Organization" form in this packet (or downloaded from psychboard.az.gov > BA Applications page) and included a printout or screen shot of each supervisor's BCBA certification information from the BACB's certificant registry when uploading to the [submissions portal](#). If supervision took place in a state that offers licensure for behavior analysts, I have included a printout or screen shot of all supervisors' license information from the state Board's license lookup. If the supervision took place in Texas, I have requested documentation of licensure from my supervisors that indicates the initial issuance date of their license in Texas, since Texas does not include this information on their license look up or on official verifications.

- Continued on Next Page -

2. Submitted by Verifier Directly to the Board:

I understand the primary source verifications listed below must be sent by the appropriate verifiers, and I'm responsible for requesting that they be sent to the Arizona Board of Psychologist Examiners. I understand that I cannot include these in my license application unless they are in the original sealed envelope.

- G. My supervisors were licensed in the state where supervision took place if the state offered licensure. I understand that supervision takes place where I provided behavior analytic services, or in the state where my client is located if I was in a different place, even if my supervisor was providing supervision remotely from another state. My supervisors were BCBA® certified and had completed the BACB®'s supervisor training prior to supervising me.
- H. As required by A.R.S. § 32-2091 I have completed 1,500 hours of supervised experience and/or independent fieldwork that meets the requirements in Arizona Administrative Code R4-26-404.2. I understand that I must have a minimum of 1,500 hours of supervised experience and/or independent fieldwork. I understand that Arizona does not consider an intensive practicum as equivalent to 1,500 hours. Even if I did an intensive practicum, I understand I must literally complete 1,500 hours of supervised experience to qualify for licensure in Arizona. If I did 750 hours of an intensive practicum, I understand that I must complete an additional 750 hours to qualify for licensure in Arizona, and that there is no waiver in statute or rule for this requirement.
- I. I have asked my supervisor(s) to send verification of my supervised hours to the Arizona Board. I understand that my primary supervisor at each location must verify my hours at that facility. I have EITHER given my supervisor a copy of the BACB® Final Experience Verification form they signed for my BCBA® certification, OR I have completed the top portion of the Arizona verification form (downloaded from the BA Applications page of the Board's website) and sent this to my supervisor to fill out. I have given the link to the submission portal (<https://tinyurl.com/AZ-BASubmission>) for my supervisor(s) to upload the verification of my hours. I understand that even if I've included a copy of this verification in my application, which I do not need to do, it will not be valid since it is not coming directly from my supervisor. I also understand the BACB® form must be a true copy of the original I used for my BCBA® certification, and that my supervisor cannot fill out a new BACB® form to verify hours I have not applied towards my BCBA® certification. If a copy of my original supervised experience forms cannot be located, I understand I need to have my supervisor complete the Arizona form and submit it.
- J. If I've lost touch with my supervisor, I realize that I can go to the BACB®'s website and look up my supervisor in the online registry, and contact them through the registry. I know that I can also do an online search of their name and "behavior analyst" to find their new location if they have left the company where they were employed when they supervised me, or look them up on sites like Linked-In®. I understand that I have to document my failed efforts to find my supervisors before I can submit this documentation along with a copy of the BACB Final Experience Verification form they completed.
- K. I have ordered official transcripts from all graduate institutions I attended and transcripts for all ABA coursework even if at the undergrad level, to be sent directly to the Board (zakiya.mallas@psychboard.az.gov) by the university/college, OR I have mailed to the Board's office official transcripts of my graduate coursework that I never opened and which are still in their original sealed envelopes. I understand that an unofficial transcript does not meet this requirement.
- N. If I hold a license in another state in any profession, I have contacted the licensing Board(s) and requested that they send verification of my license(s) directly to the Board (email or mail). I understand that all licenses must be primary source verified, regardless of the type or status of the license (see the FAQ at psychboard.az.gov > About for more information). If I am unsure whether or not my state requires a license to practice behavior analysis, I know I can go to the BACB's "US Licensure of Behavior Analysts" page under the About tab of the BACB's website at bacb.com for a listing of states that offer licensure for Behavior Analysts. I understand that BCBA certification is not a state license and should not be considered such.

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

BEHAVIOR ANALYST APPLICATION FOR LICENSURE

APPROPRIATE DOCUMENTATION FOR “YES” ANSWERS

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”.

Q. 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?

1. 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.
2. 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.

Q. 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?

1. 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.
2. 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.

Q. 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?

1. 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.
2. Your detailed written explanation regarding the events surrounding the complaint, allegation, etc., and what corrective action measures you have taken as a result.

Q. 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.

1. 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.

2. 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.
3. 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.
4. 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.

Q. 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?

1. A copy of any and all official court documents related to the lawsuit including the lawsuit, any settlement documents, dismissals if any, etc.
2. 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.

Q. 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?

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

ANSWERS TO THE FOLLOWING QUESTIONS ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC

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

1. 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.
2. Any related medical records, discharge reports, etc.

Q. 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?

1. Your detailed written explanation regarding this medical condition, when it started, how it is being treated, your current health status, etc.
2. 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.

Multiple Supervisors at One Organization INSTRUCTIONS

1. Please complete the attached form for each organization at which you had multiple supervisors (one form per organization). At the top, fill in your name, the name of the organization, the state (2-letter standard abbreviation) where behavior analytic services were provided by the supervisee, and the start & end dates of the entire supervised experience.
2. For each supervisor, on the same row, provide the start and end dates for which the supervisor was responsible for your hours at this organization. If the supervisor was responsible for additional but separate time periods during the same experience, please list each period of supervision for that supervisor separately and chronologically (see the example below).
3. Arizona requires that a supervisor must pass the BACB's 8-hour supervision training before acting as a supervisor.
 - a. Please verify the date your supervisor completed this training from the BACB's certificant registry at bacb.com. Use the search to find a supervisor's individual information, then click on their name in the summary to cause their certification status to open. List the date the supervisor completed the training in the appropriate field on this form.
 - b. **Include a printout (or PDF) with this form of each supervisor's certification status from the BACB certificant registry.** To make a PDF of the certification status page, while an individual supervisor's certification status page is open, hold down the Ctrl key and press the letter P. In the printer pop-up, select printer as "print to PDF" or its equivalent on your computer and save.
4. If the state where supervision takes place offers licensure, Arizona requires that a supervisor must be licensed in that state for the duration of the supervised experience. Please note, supervision takes place where the behavior analytic services are being provided by the supervisee, regardless of where the supervisor is located.
 - a. Please verify each supervisor's initial license date using the state board's online license look up (the state where supervision took place).
 - b. **Include with this form a printout (or PDF) of the license look-up for each supervisor, including Arizona.**
 - c. Listed at the bottom of this form are the states that currently offer licensure for Behavior Analysts. If the state where your supervised experience took place is not listed, please answer by typing the 2-letter abbreviation of the state.

EXAMPLE: Dr. Jane Jones supervised Justin Example for 2 different time periods at Hypothetical ABA Services, Inc., with 2 months in between under a different supervisor, Mr. John Smith. Below is an example of how to complete the matrix for this hypothetical experience.

Applicant Name:	Justin Example				
Organization Name:	Hypothetical ABA Services Inc.			State:	AZ
Start Date:	01/01/2019	End Date:	12/31/2019		
Supervisor Information					
Supervisor Name	Start Date	End Date	Total Hours	BACB Supervision Training Date	Initial License Date
Dr. Jane Jones	01/01/2019	04/30/2019	520	03/30/2015	05/06/2015
John Smith	05/01/2019	06/01/2019	130	12/30/2017	01/15/2018
Dr. Jane Jones	06/02/2019	12/30/2019	910	03/30/2015	05/06/2015

If a supervisor was not licensed in the state where supervision took place and/or did not complete the BACB's 8-hour supervision training prior to the start of your supervised experience at this organization, additional documentation may be required. Your application cannot be considered administratively complete unless this form is completed and the documentation described above has been received for each organization with multiple supervisors.

States that license Behavior Analysts and the date either rules became effective or the date of the first license issued in that state:

AL – 7/21/2017	LA – 01/07/2014	NY – 07/01/2014	TN – 06/21/2017
AK – 2014	MD – 01/01/2015	ND – 07/01/2012	TX – 09/01/2018
AZ – 11/01/2010	MA – 06/05/2015	OH – 09/29/2014	UT – 11/23/2015
CT – 7/01/2018	MI – 04/03/2017	OK – 11/01/2009	VT – 07/01/2016
HI – 01/01/2016	MS – 04/01/2016	OR – 06/03/2015	VA – 05/07/2014
IA – 3/22/2019	MO – 08/28/2010	RI – 04/01/2016	WA – 04/27/2017
KS – 7/01/2016	MT – 10/07/2017	SD – 09/11/2017	WI – 5/11/2010?
KY – 2011	NV – 12/13/2011		

Multiple Supervisors at One Organization Form

All Dates: MM/DD/YYYY

Applicant Name:					
Organization Name:				State:	
Start Date:		End Date:			
Supervisor First and Last Name	Start Date	End Date	Total Hours	Date BACB supervision training completed	Date Initial State License Issued
Footnotes/Misc. In the field below, provide additional information or explanation, if needed:					

For organizations with multiple supervisors only: Please complete one form per organization, including 3b and 4b of the instructions (page 1 of this form). This page may be copied as many times as needed.