

**Mississippi Autism Board**  
***The Regulating Board for Applied Behavior Analysis***  
**P.O. Box 20 Jackson, MS 39205**

Phone: (601) 359 - 6792; Website: [www.msautismboard.ms.gov](http://www.msautismboard.ms.gov); Email: [admin@msbop.ms.gov](mailto:admin@msbop.ms.gov)

**LICENSED ASSISTANT BEHAVIOR ANALYST  
APPLICATION PROCESS**

Enclosed you will find the forms and documents necessary to apply for licensure by the Mississippi Autism Board as an Assistant Behavior Analyst. Before submitting an application, please review all information below to ensure you meet all eligibility requirements for licensure.

In the event applicant does not meet licensure requirements, application fees are ***nonrefundable***.

For licensure as an Assistant Behavior Analyst, applicants must possess at minimum, a Bachelor's degree, or equivalent, from an accredited educational institution. Additionally, applicants must possess and verify current and active certification by the Behavior Analyst Certification Board®, Inc. (BACB®) as a Board Certified Assistant Behavior Analyst® (BCaBA®).

All applications must include certification documentation and any other relevant materials issued to applicant by the BACB®. Failure to include applicable documentation may cause delays in licensing process.

All licenses issued by the Mississippi Autism Board shall be for a term of three (3) years; however, licensure by the Mississippi Autism Board shall not exceed the expiration of the licensee's certification by the BACB®. Failure to maintain certification with the BACB® by the licensee shall result in immediate revocation of license by the Mississippi Autism Board.

**Application Process Steps**

1. Complete Application Form along with signed and notarized Affidavit and signed Criminal Background Request for Fingerprint Card.
2. Submit the application fee: **\$100.00** (Assistant Behavior Analyst) (\*Please make check or money order out to Mississippi Autism Board and include with forms.)
3. Submit a **\$35.00** processing fee for Criminal Background Check (\*Can be included with application fee)
4. Submit \$75.00 for Temporary License, if applying for one.
5. Return these forms to:  
Mississippi Autism Board  
P.O. Box 20  
Jackson, Mississippi 39205  
\*\*\*There is not a physical address for FedEx or UPS. All applications must be submitted through USPS.
6. The Mississippi Autism Board will review and verify your application, and all required supporting documents. Following review, applicant will receive notification if additional information is required.
7. Submit all official undergraduate and graduate transcripts from all institutions attended (\*\*must come via **mail** from the institution's registrar's office) to the Board. Transcripts sent directly from the applicant or via email will not be accepted.

## Miscellaneous Information

**Application Processing:** Mississippi Autism Board's administrative staff will process your application form, fee(s) and all supporting documents within ten (10) business days of receipt in the Board's office.

**Name Information:** If some of your documents or records are in different names, please note in your submission the name in which you have applied for licensure under. If you change your name, you must send the Board a copy of the legal document changing the name.

**Materials:** Please retain a copy of **ALL** application materials submitted to the Mississippi Autism Board for your records.

**Supervision:** **Individuals applying for licensure cannot supervise anyone providing services within Mississippi prior to license approval.** Assistant Behavior Analysts providing Behavior Analytic services in Mississippi prior to receipt of a license from the Mississippi Autism Board may be denied a license at the Mississippi Autism Board's discretion. All licensees are required to register with the Board all Behavior Technicians under licensee's supervision (including providing the appropriate registration fees) within seven (7) calendar days of beginning supervision.

**Fees:** Personal checks, corporate checks, or money orders are to be made payable to: Mississippi Autism Board.

**Application fees are Non-Refundable; Checks returned for insufficient funds will be assessed a service charge of \$25.**

The Mississippi Autism Board appreciates the time and effort involved in completing the application process. It will be most helpful to the Board if you ensure that all of the information is accurate, timely, and legible, and that you have reviewed all pertinent requirements. Should you need to contact the Board concerning your application, you may call (601) 359-6792. Thank you for your cooperation.

A complete application includes:

- Completed Application Form along with signed and notarized Affidavit and signed Criminal Background Request for Fingerprint Card
- Application Fee (\$100.00 for Assistant Behavior Analyst; additional \$75 for Temporary License)
- Criminal Background Check processing fee (\$35.00; should accompany Application Form and can be included with Application Fee)
- Completed Fingerprint Card
- All official undergraduate and graduate transcripts attended from all institutions. Transcripts sent directly from the applicant and/or via email from the institution will not be accepted.
- If applying under Universal Recognition of an Occupational License, a Completed Affidavit and copy of currently held license to be recognized.
- If applying under Military Family Freedom Act, a Completed Affidavit.

All forms and a description of the licensure process can be found at <https://www.msautismboard.ms.gov/>

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**ASSISTANT BEHAVIOR ANALYST APPLICATION FORM**

**PERSONAL INFORMATION:**

Applying for (\$100 Application Fee)

Assistant Behavior Analyst (Regular)

Applying for Temporary License?

NO

YES (\$75.00)

Full Name (first, middle, last) \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_

Previous names or aliases \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail Address \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Are you a legal resident of MS? \_\_\_\_\_ If no, State of Residency \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Telephone ( \_\_\_\_ ) \_\_\_\_\_

**EDUCATION AND TRAINING:**

School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Degree \_\_\_\_\_ Date of Completion \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Degree \_\_\_\_\_ Date of Completion \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Degree \_\_\_\_\_ Date of Completion \_\_\_\_\_

Do you hold any other licenses? \_\_\_\_\_ Type/Title: \_\_\_\_\_ In which jurisdiction(s)? \_\_\_\_\_

**REFERENCES:**

List three professional and one personal reference willing and able to attest to your character and aptitude for licensure.

\_\_\_\_\_  
Name Phone Email

\_\_\_\_\_  
Name Phone Email

\_\_\_\_\_  
Name Phone Email

\_\_\_\_\_  
Name Phone Email

**QUESTIONNAIRE:**

Please answer the following questions. Note: If you answer "Yes" to any of the questions below, please submit as part of your application a signed, dated type-written explanation providing specific details, including disposition of the matter.

1. Have you ever been charged with or convicted of a felony or misdemeanor other than a traffic violation? Yes \_\_\_ No \_\_\_
2. Have you ever had a complaint filed with a professional association or certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes \_\_\_ No \_\_\_
3. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes \_\_\_ No \_\_\_
4. Have you been diagnosed or treated for any physical emotional, or mental illness or disease, including drug or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety with the previous two (2) years? Yes \_\_\_ No \_\_\_
5. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes \_\_\_ No \_\_\_
6. Has any governmental agency ever substantiated allegations made against you for physical, mental, or emotional abuse or neglect, sexual abuse, or exploitation against either a minor or an adult? Yes \_\_\_ No \_\_\_

**AFFIDAVIT**

**NOTE: Any omissions, false or misleading information in, or in connection with this application, its attachments, or other communication(s) with the Mississippi Autism Board may be cause for denial or revocation of licensure on the grounds of lack of good moral character.**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The undersigned, being sworn, duly states that he/she is the person who executed this application; that all statements herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of Mississippi Autism Board; and that he/she has read and understands this affidavit.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NOTARY ACKNOWLEDGMENT

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

SEAL

**CRIMINAL BACKGROUND CHECK REQUEST FOR**  
**FINGERPRINT CARD**

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the  
{Please print full name}

address listed below for the purpose of licensure by the Mississippi Autism Board. ***I have enclosed the required \$35.00 processing fee (Check or money order)***. I understand that my licensure application file is not complete until the Mississippi Autism Board has received all licensure requirements and responses from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records.

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ASSISTANT BEHAVIOR ANALYST RELEASE OF BACB STATUS

I, \_\_\_\_\_, hereby grant the Mississippi Autism Board (the regulating board for behavior analysis) permission to obtain, and share information as necessary, related to my license/certification with the BACB. Additionally, I hereby grant the BACB permission to provide information related to my license/certification, as necessary, with the Mississippi Autism Board.

Current Certification by the Behavior Analyst Certification Board® and date of certification: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date