

# Mississippi Autism Board

## Behavior Analyst Licensure Application

### Application Checklist

- ☐ Official transcripts from all Undergraduate and/or Graduate institutions. Transcripts must be submitted directly to the Board from the institution's registrar's office.
- ☐ Copy of the current and active BCBA or BCBA-D certification through the Behavior Analysts Certification Board, Inc.
- ☐ Application fee payable to Mississippi Autism Board: \$250 (Behavior Analyst); \$100 (Assistant Behavior Analyst)
- ☐ Processing fee (\$35) for Criminal Background Check (\*can be included with application fee)

### **Send all Application Materials to:**

Mississippi Autism Board  
P.O. Box 20  
Jackson, MS 39205

**Email Questions To:** [MSBOPAdmin@msbop.ms.gov](mailto:MSBOPAdmin@msbop.ms.gov)

**Address:** P.O. Box 20 Jackson, MS 39205

**Website:** [www.msautismboard.ms.gov](http://www.msautismboard.ms.gov)

**Email:** [Admin@msbop.ms.gov](mailto:Admin@msbop.ms.gov)

# Mississippi Autism Board

## Behavior Analyst Licensure Application Form

Applying As:			
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### Personal Information

Last Name:	First Name:	Middle Name:
Previous Names or Aliases:		SSN:
Date of Birth:		Gender:
Are you a U.S. Citizen?	Are you a legal resident of MS?	If NO, State of Residency:
E-mail Address:	Home Phone:	Cell Phone:
Address:		
City:	State:	Zip Code:

### Employer Information

Employer/Organization Name:	Business Phone #:	
Address:		
City:	State:	Zip Code:

### Education and Training

School:		
City:	State:	Zip Code:
Type of Degree:	Date of Completion:	
School:		
City:	State:	Zip Code:
Type of Degree:	Date of Completion:	
School:		
City:	State:	Zip Code:
Type of Degree:	Date of Completion:	

### Education and Training (Continued)

Behavior Analyst Certification Board Certification Number:		
Date of Certification:		Date of Recertification:
Do you hold any other licenses?	Type/Title:	Jurisdiction(s)
Are you requesting a Temporary License?		
If yes, have you obtained all BACB requirements for certification?		
If no, please provide further details, including, but not limited to expected date of receipt of certification results, etc.		

### Personal 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?	
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?	
3. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds?	
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?	
5. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership?	
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 adult?	

## **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 personal who executed this application; that all statements herein are true in every respect; that he/she has not surpassed 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 understand this affidavit.

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

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

**SWORN BEFORE ME THIS DAY** \_\_\_\_\_ **OF** \_\_\_\_\_ **A.D. 20** \_\_\_\_\_

**SIGNATURE OF NOTARY PUBLIC** \_\_\_\_\_

**PRINTED OR TYPED NAME:** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_

**SEAL**

## **Criminal Background Check Request for Fingerprint Card**

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the address listed below for the purpose of licensure by the Mississippi Autism Board. I have enclosed the required \$35.00 processing fee. 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**

Address:		
City:	State:	Zip Code:
Email:		
Cell Phone #:	Business Phone #	

Signature

Date

### **Release of Information**

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 Behavior Analysts Certification Board (BACB). Additionally, I hereby grant the BACB permission to provide information related to my license/certification, as necessary, with the Mississippi Autism Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date