

# Mississippi Autism Board

## Behavior Analyst Renewal Application Form

### Application Checklist

- Complete the License Renewal Form and Affidavit Form.
- Copy of the current and active BCBA or BCBA-D certification through the Behavior Analysts Certification Board, Inc.
- Renewal Application fee payable to Mississippi Autism Board: \$250 (Behavior Analyst); \$100 (Assistant Behavior Analyst)

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

Mississippi Autism Board

P.O. Box 20

Jackson, MS 39205

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

# Mississippi Autism Board

## Behavior Analyst Licensure Application Form

Renewing As:
License Number:

### 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:

## **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.

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?	

I agree to upload the laws and standards of conduct set forth in the laws of the State of Mississippi pertaining to Behavior Analysts and/or Assistant Behavior Analysts. I also acknowledge that I have read or have had an opportunity to read the providing of the Mississippi Code of 1972 pertinent to Behavior Analysts and/or Assistant Behavior Analysts and the Rules and Regulations adopted by the Mississippi Autism Board (MAB).

I acknowledge that all information contained in this renewal application had been either directly submitted by me or caused to be submitted by me. I acknowledge that all information submitted is true and correct to the best of my knowledge. Any information erroneously submitted either directly by me or submitted by my direction is solely my responsibility.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name