

MILITARY FAMILY FREEDOM ACT AFFIDAVIT

Pursuant to the provisions of the Military Family Freedom Act (Miss. Code Ann. §73-50-1), Mississippi shall recognize occupational licenses obtained from other states for military members and their families.

Within 120 days of receipt of an application, the Mississippi Autism Board will issue licenses to military spouses licensed in good standing in another state, so long as the military spouse does not have a disqualifying criminal record. If coming from a state that does not provide licensing for the Behavior Analysts or Associate Behavior Analysts but Mississippi does require such licensing, the Mississippi Autism Board shall grant a license to the military spouse so long as they have at least 3 years of work experience without any issues.

Military spouses will be required to pass examinations (administered orally by the Board) specific to the relevant laws that regulate the occupation.

If a military spouse's application will take longer than 2 weeks to process, the Mississippi Autism Board shall issue a temporary permit within 30 days of receipt of an application. The military spouse may practice under the temporary permit, which expires 365 days after issuance, until either a permanent license is granted or denied.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ being duly sworn, hereby deposes and say:

1. I am over the age of 18 and am a resident of the State of \_\_\_\_\_. I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.
2. I am a member of the military, married to, or am a dependent of a member of the military.
3. I have been awarded a military occupational specialty, completed a military program of training, completed testing or equivalent training and experience, and performed as a Behavior Analyst; or
4. I hold a current and valid license in another state as a Behavior Analyst and have held this license from the occupational licensing board in the other state for at least one (1) year; or
5. I previously lived and worked in a state that does not use a license to regulate the practice of Behavior Analysis, and I worked for a minimum of three (3) years in the lawful practice of Behavior Analysis in said state; and
6. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
  - a. I have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed, and I do not have a disqualifying criminal record as determined by this Board under Mississippi law; and
  - b. I have not surrendered a license because of negligence or intentional misconduct related to my work in this occupation in another state; and
  - c. I do not have a complaint, allegation or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime.
7. I understand that I must take and pass the Mississippi Autism Board jurisprudence examination, have paid the required fees, and have cleared the state and federal fingerprint-based background check to obtain a license.

I understand that I may practice under the Temporary Practice Permit until a license is granted, or until a notice to deny the license is issued, in accordance with Rules adopted by the Mississippi Autism Board; and that the Temporary Practice Permit will expire in 365 days after its issuance.

Signed by the applicant, \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY ACKNOWLEDGMENT

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

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

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

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

SEAL