

UNIVERSAL RECOGNITION OF AN OCCUPATIONAL LICENSE
AFFIDAVIT

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 suffer no legal disabilities and have personal knowledge of the facts set forth below.
 - a. I hold a current and valid license in good standing in the State of _____ which currently has a similar scope of practice and have held this license from the Occupational Licensing Board in that State for at least one (1) year;
 - b. I attest that I have completed minimum educational requirements, work experience, BACB examination requirements and clinical supervision requirements in effect; and
 - c. I am a resident of Mississippi;
AND
 - d. 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
 - e. I have not surrendered a license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state; and
 - f. 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; and
 - g. 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.

I further understand that prior to the issuance of a Temporary Practice Permit I must produce proof of:

1. a Mississippi state-issued identification card; or
2. current Mississippi residential utility bill with the applicant's name and address; or
3. documentation of current ownership, or current lease of a residence in Mississippi; or
4. documentation of current in-state employment or notarized letter of promise of employment; or
5. any verifiable documentation demonstrating your Mississippi residence as approved by this Board.

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

Notary Public

My Commission Expires

SEAL