VERIFICATION OF CERTIFICATION

Behavior Analyst

Access this form via website at: **cca.hawaii.gov/pvl/programs**

Behavior Analyst Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT

Name (First, Middle):	(Last):	
Address (Include apt. no., city, state and zip code):	Other Names Used:	
	Social Security Number:	Certification Number:
Mailing Address (**ONLY** if different from above):	Date of Birth:	Date Issued:

I hereby authorize the Behavior Analyst Certification Board to furnish the information below to the State of Hawaii Behavior Analyst Program.

SIGN HERE: _____ Date: _____

TO BE COMPLETED BY THE BEHAVIOR ANALYST CERTIFICATION BOARD:

BEHAVIOR ANALSYT CERTIFICATION BOARD

This is to certify that the above-named individual was issued certificate number: _____
to practice as a Behavior Analyst.

Date issued: _____

Date certificate expires: _____

Certificate status: ☐ current
☐ lapsed since: _____
☐ inactive since: _____

Has this certificate holder passed the Board Certified Behavior Analyst Examination? ..... ☐ YES ☐ NO

Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? ..... ☐ YES ☐ NO
(Please explain "Yes" response and attach copy of board's order and related information.)

Do your files contain any derogatory information on this applicant? ..... ☐ YES ☐ NO
(Please explain "Yes" response and attach copy of board's order and related information.)

Signature: _____

Title: _____

State: _____

Date: _____

BOARD SEAL

TO THE BEHAVIOR ANALYST CERTIFICATION BOARD: Please return this form to the Behavior Analyst Program.

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Print Form