VERIFICATION OF LICENSE FOR LICENSURE BY ENDORSEMENT

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:

	Name (First, Middle):			(Last):	
APPLICANT	Address (Include apt. no., city, state and zip code):		Other Names Used:		
			Social Security Number: License Number:		
	Mailing Address (ONLY if different from above):		Jocial Security Number.		License Number:
	3		Date of Birth:		Date Issued:
	<u> </u>				
	I hereby authorize the licensing agency of the state of to furnish the information below to the State of Hawaii Behavior Analyst Program.				
	SIGN HERE:		Date:		
то в	TO BE COMPLETED BY LICENSING AGENCY:				
	This is to certify that the above-named individual was issued license number: to practice as a Behavior Analyst.				
	Date issued:				
	Date license expires:				
	License status:current				
	apsed since:				
	inactive since:				
	Has this applicant taken a behavior analyst examination in your state to become licensed? YES NO				
	If "YES", please provide information on the exam content and structure below:				
>					
CENSING AGENCY					
ت Ag	Has this license ever been encumbered in any way (revoked, suspended,				
ISING	surrendered, limited, placed on probation, currently pending disciplinary				
LICEN	action, being investigated)?				YES NO
	Do your files contain any derogatory information on this applicant?				
	Signature:			_	
	Title:			BOARD SEAL	
	State:			_	
	Date:				
	TO THE LICENSING AGENCY: 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.