

## REQUIREMENTS/INFORMATION FOR LICENSE - BEHAVIOR ANALYST

Access this form via website at: [cca.hawaii.gov/pvl/programs](http://cca.hawaii.gov/pvl/programs)

### APPLICATION FORM

Complete the on-line application form or print *legibly* in black ink. Sign and date the form. Submit it to the address below with the required fees. Failure to provide all requested information will delay the processing of your application. Applicants are subject to meet all requirements in effect at the time of filing.

Mailing address:

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

OR

Walk-in address:

335 Merchant Street  
Room 301  
Honolulu, HI 96813  
Phone No.: (808) 586-3000

### REQUIREMENTS FOR LICENSURE

There are two pathways to licensure.

1. A license may be issued to applicants who have **passed** the Board Certified Behavior Analyst (BCBA) examination **and** maintain active status with the Behavior Analyst Certification Board (BACB) as a board certified behavior analyst or board certified behavior analyst-doctoral.

Applicants who have **passed** the BCBA examination **and** maintain active status with BACB are to:

- a) go to the BACB website at: <http://bacb.com>, click on Find/Contact Certificants and conduct a self-search by inserting your last name. Print the Certificant Contact information and attach it to your Behavior Analyst application; and
  - b) Send a request to BACB at: 7950 Shaffer Parkway, Littleton, CO 80127 along with a check in the amount of \$25, and advise them that you would like a Letter of Good Standing sent to Department of Commerce and Consumer Affairs, PVL, BA Program, P.O. Box 3469, Honolulu, HI 96801.
2. **Alternatively**, a license may be issued through licensure by **endorsement**. To qualify through this route, the applicant must hold a current and unencumbered license in another state, provided that the requirements in that state at the time the applicant was licensed are equivalent or higher than Hawaii's.

Applicants who are applying through licensure by endorsement are to send the "Verification of License for Licensure by Endorsement" (BA-05) to the state in which the applicant holds a current and unencumbered license and whose requirements for a license are equivalent to or higher than Hawaii's.

Applicants must also send the "Verification of License" (BA-04) to all the states in which the applicants are/were licensed to request that they complete the form and return it to the Behavior Analyst Program.

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**FEE** **ATTACH** the appropriate fees. Make check or money order payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If applying for licensure between January 1, EVEN-NUMBERED year and December 31, EVEN-NUMBERED year, pay ..... \$310  
(Application fee - \$50\* + License fee - \$50 + Special Assessment fee - \$50 + CRF - \$100 + 1/2 Renewal - \$60)

If applying for licensure between January 1, ODD-NUMBERED year and December 31, ODD-NUMBERED year, pay ..... \$200  
(Application fee - \$50\* + License fee - \$50 + Special Assessment fee - \$50 + CRF - \$50)

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a registration has been denied.*

**SPECIAL ASSESSMENT** Upon the issuance of a new license and at each license renewal period, each licensee shall pay a fee of \$50 (special assessment) that shall be deposited into the compliance resolution fund.

**AGE OF MAJORITY AND U.S. CITIZEN** In addition to the license requirements, an applicant shall be beyond the age of majority (18 years of age), a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a citizen or national of the United States or alien authorized to work in the United States, your application may be denied. Reforms in the immigration laws of the United States have led to new requirements for aliens who seek to enter the United States for the purpose of performing labor as a health-care worker, including behavior analyst. Federal law mandates that any such alien is inadmissible from the country unless the alien presents a certificate from an independent credentialing organization approved by the Attorney General (See U.S.C. 1182(a)(5)).

**SOCIAL SECURITY NUMBER** Your Social Security Number is used to verify your identity for licensure purposes and for compliance with the laws mentioned below. For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further. The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

**42 U.S.C.A. §666 (a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank, of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

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**LICENSE DENIAL**

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes.

**RELEASE OF INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

**BIENNIAL RENEWAL**

All Behavior Analyst licenses, regardless of issuance date, shall be renewed biennially (every two years) on or before December 31, with the first renewal occurring on December 31, 2017. Failure to renew a license shall result in the forfeiture of the license. A forfeited license may be restored within one year from the expiration date upon payment of the renewal and restoration fees, including any penalty or delinquent fees. Failure to restore a forfeited license within one year shall result in the automatic termination of the license. A person whose license has been terminated shall be required to reapply for a new license as a new applicant. A person whose license has been forfeited may not practice as a Behavior Analyst until the license has been restored.

**LAWS**

It is the responsibility of the Behavior Analyst to know and comply with the laws pertaining to the practice of behavior analysis. To obtain a copy of the Behavior Analyst law, Act 199, SLH 2015, visit our website at: [cca.hawaii.gov/pvl/programs](http://cca.hawaii.gov/pvl/programs), then click on "Statute/Rule" on the right. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act, should also be read.

**ABANDONED APPLICATIONS**

Pursuant to HRS §436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts include, but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

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.

# APPLICATION FOR LICENSE - BEHAVIOR ANALYST

Access this form via website at: [cca.hawaii.gov/pvl/programs](http://cca.hawaii.gov/pvl/programs)

Read the Requirements/Information page before completing this form.  
Type or print legibly in black ink.

CHECK ONE:  Passed BACB  License by endorsement

Legal Name (First, Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Other Names Used (include maiden name): \_\_\_\_\_

Residence Address (Include Apt. No., City, State & Zip Code): \_\_\_\_\_

Mailing Address (**ONLY** if different from above): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No. (days): \_\_\_\_\_  
(     )

FOR OFFICE USE ONLY

BA Checklist

BACB Certification OR  Fees \$310 / \$200

Endorsement Verification

Lic. Verification: \_\_\_\_\_

Approved Initials/Date: \_\_\_\_\_

License No.: **BA -** \_\_\_\_\_ Effective Date: \_\_\_\_\_

**BACB CERTIFICATION**

I hold the following certificate issued by the Behavior Analyst Certification Board (BACB):

Certificate No.: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provide date you requested the Verification of Certification (BA-03): \_\_\_\_\_

STATE LICENSES	Name of State (Attach additional sheets if needed)	License Number	Date Issued	License current?	

Please have verification of your behavior analyst license from the licensing authority of **each** state in which you hold or held a license at any time sent directly to our department.

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Appl.....	263	.....	\$50
Lic.....	264	.....	\$50
CRF.....	265	.....	\$100/\$50
1/2 Renewal.....	260	.....	\$60
BAP.....	BAP	.....	\$50
Service Charge.....	BCF	.....	\$25

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please check your answer to the following questions as it pertains to the individual applying for a behavior analyst license:

- 1. Are you at least 18 years of age? .....  YES  NO
- 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO
- 3. Have you taken and passed the Board Certified Behavior Analyst Examination? .....  YES  NO  
     If "YES", provide passage date: \_\_\_\_\_
- 4. Have you ever been denied a registration, certificate, or license to practice behavior analysis? .....  YES  NO
- 5. Has any license, recognition, authority, registration or national credentials ever been revoked, suspended, encumbered or otherwise subject to disciplinary action? .....  YES  NO
- 6. Are you presently being investigated or is any disciplinary action pending against your license, recognition, authority or registration in this State or any other jurisdiction? .....  YES  NO
- 7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

***If you answered "YES" to questions 4, 5, 6 or 7, please provide a detailed statement signed by you explaining the circumstances and certified copies of documents pertaining to the prior or pending disciplinary action(s) or conviction(s).***

**AFFIDAVIT OF APPLICANT:**

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017 and Section 436B-19, Hawaii Revised Statutes and Act 199, SLH 2015).

I further certify that I have read and will abide by the provisions of Act 199, SLH 2015 and 436B and the Hawaii Administrative Rules when they are promulgated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date