

**VERIFICATION OF LICENSE
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: _____		
	Mailing Address (ONLY if different from above): _____		Social Security Number: _____	License Number: _____	
			Date of Birth: _____	Date Issued: _____	
	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: _____		

TO BE COMPLETED BY LICENSING AGENCY:

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: <input type="checkbox"/> current			
	<input type="checkbox"/> lapsed since: _____			
	<input type="checkbox"/> inactive since: _____			
<p>Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(Please explain "Yes" response and attach copy of board's order and related information.)</p>				
<p>Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(Please explain "Yes" response and attach copy of board's order and related information.)</p>				
Signature: _____			BOARD SEAL	
Title: _____				
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.