

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:

Form section for APPLICANT completion, including fields for Name, Address, Social Security Number, License Number, Date of Birth, and Date Issued. Includes a signature line and date field.

TO BE COMPLETED BY LICENSING AGENCY:

Form section for LICENSING AGENCY completion, including certification of license number, date issued, license status, and examination results. Includes a signature line and a box for the BOARD SEAL.

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.