

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
<p>Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.</p>	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURISDICTION

License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go to the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- | | |
|--|---|
| <ul style="list-style-type: none">• Applicant's license in another jurisdiction is <u>not in good standing</u>.• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.• Applicant's application for license in another jurisdiction has been denied.• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied. | <ul style="list-style-type: none">• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority. <p>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p> |
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A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS/INFORMATION FOR LICENSE - BEHAVIOR ANALYST

Access this form via website at: 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 a Certificant 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) go to the BACB website at: <http://bacb.com>, click on Verify a Certificant and request a Verification Letter by completing the online form and paying the \$25 fee for verification. On the form, ensure that the email address where the document should be sent is ba@dcca.hawaii.gov.
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 \$260
(Application fee - \$50* + License 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 \$150
(Application fee - \$50* + License 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.

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).

**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, 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

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

(Check box only if applying for:)
Temporary Military Spouse License

CHECK ONE: <input type="checkbox"/> Passed BACB <input type="checkbox"/> 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	
	<input type="checkbox"/> BACB Certification	<input type="checkbox"/> Fees \$260 / \$150
	<input type="checkbox"/> Endorsement Verification	
	<input type="checkbox"/> Lic. Verification: _____	
	<input type="checkbox"/> 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.

(CONTINUED ON PAGE 2)

Appl.....	263	\$50
Lic.....	264	\$50
CRF.....	265	\$100/\$50
1/2 Renewal.....	260	\$60
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