The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

APPLICATION INFORMATION FOR LICENSURE AS AN ASSISTANT APPLIED BEHAVIOR ANALYST
GRANDFATHERING APPLICATION

Prior to completing the application, it is strongly recommended that all applicants obtain a copy of 262 CMR from the State Bookstore, Room 116, State House, Boston, MA 02133, (617) 727-2834, or online at www.mass.gov/dpl/boards/mh, to verify that all educational, exam, experience and supervision requirements are met. It is also recommended that applicants maintain a copy of their application for their records.

There is a non-refundable application fee of **$117.00**, which must be submitted in the form of a check or money order payable to the Commonwealth of Massachusetts. The application fee must accompany the completed application.

If all licensure requirements have been met, notification will be sent and the initial licensure fee will be assessed. If it is determined that your application does not meet the requirements, you will be notified in writing.

All application materials should be submitted to:

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Should you have any questions about the application process, please contact Board staff at 617-727-0084 or via email at AMH.Board@state.ma.us.

Please be aware that if you submit an application and it is determined by the Board that it is incomplete, or that you have failed to meet the regulatory requirements for licensure, the Board will provide you six months to complete your application or submit the information needed to demonstrate that you meet the regulatory requirements, which will be communicated to you in a written letter from the Board. After six months, if your application is still incomplete, or if you have still failed to demonstrate that you meet the regulatory requirements for licensure, you will be issued a letter from the Board indicating that your application has been closed or denied. If your application is closed or denied, you would need to re-apply for licensure by submitting a complete application to the Board and by paying a new application fee.

IMPORTANT:
ALL APPLICANTS MUST COMPLETE AND INCLUDE THE CHECKLIST PROVIDED AT THE END OF THIS APPLICATION

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Please attach recent

ASSISTANT APPLIED BEHAVIOR ANALYST LICENSURE APPLICATION

2" x 2"

head and shoulder photograph

NON-REFUNDABLE APPLICATION FEE:
$117.00

1. Name: _____
Last **First** **Middle** **Maiden**

2. Mailing Address: _____
No. **Street** **Apt. No.**

_____
City/Town **State** **Zip Code**

NOTE: *The mailing address above will be a* ***matter of public record****. It will appear on your license and will be used for all Board correspondence. The mailing address and the business address provided below may be the same.*

3. Business: _____
Company Name

_____
Street

_____
City/Town **State** **Zip Code**

4. Date of Birth: _____

5. Telephone No: Day _____**Evening** _____

6. Email: _____

Do you consent to receiving information about your application from the Board via email (e.g., incomplete notifications): ☐ **Yes** ☐ **No**

7. Pursuant to G.L. c. 62C, s. 49A, I have filed all state tax returns and paid all state taxes required under law: ☐ **Yes** ☐ **No If no, please attach a detailed explanation on a separate sheet of paper.**

If you have ever held a license in Massachusetts or another state, please complete the information below.					
State	**License Number**	**License Type**	**Issue Date**	**Current**	**Lapsed**
If license is held in another state, a letter of standing from each state listed must be sent to the Board separately.					

DISCIPLINARY HISTORY

If you answer "Yes" to any of the following questions, please attach a full explanation.

A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes __ No __

B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes __ No __

C. Have you voluntarily surrendered or resigned a professional license to a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes __ No __

D. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes ___ No ___

E. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $200 was assessed? Yes ___ No ___

The Board is registered under the provisions of M.G.L. c. 6, §172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current licensees and otherwise qualified prospective license applicants. CORI must be checked as part of your licensing process. No convictions contained in a CORI are automatic disqualifiers. In order to complete the CORI check process, please fill out the Criminal Offender Record Information Acknowledgment Form on Pages 6 and 7.

Please fill in the relevant information regarding your education below				
	Degree	**Year**	**Major**	**Credits**
Master's				
Second Master's Degree				
CAGS or other post-Master's certificate				
Doctoral Degree				

AFFIDAVIT:

Pursuant to G.L. c. 119 s. 51A and G.L. c. 112, s. 1A, my signature on this application is my certification that I understand my obligation to report the abuse or neglect of children and that failure to do so may result in criminal punishment including fines and/or imprisonment.

The applicant named on this application agrees to abide by the rules and regulations for Licensed Assistant Applied Behavior Analysts and attests that all statements are truthful and are made under the pains and penalties of perjury.

_____ _____

Signature of Applicant *Date*

Licensure Requirements for Assistant Applied Behavior Analysts

As a Board Certified Assistant Behavior Analyst (BCaBA), you are required to submit the following with your application:

1) A copy of your BCaBA certification (wallet-sized or wall certificate acceptable).
2) Application fee of $117.

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to
M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature Date

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT 1000 WASHINGTON STREET, SUITE 710, BOSTON, MA 02118.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

_____

*Last Name *First Name Middle Name Suffix

_____

*Maiden Name (or other name(s) by which you have been known)

_____ _____

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:[1]

☐ Passport ☐ State Issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DPL Employee (Please Print)

_____

Signature of Verifying DPL Employee Date

_____

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[†]

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____

Notary Public: Notary Commission Expires On

[1] If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

Assistant Applied Behavior Analyst Application Checklist
(Be sure to include this with your completed application)

Prior to submitting an application, please make sure the following information is included and / or documented:

__ Completed notarized application w/ photo

__ Check/Money Order for non-refundable application fee $117.00
(Additional licensure fee will be assessed when all requirements have been met.)

__ If currently or previously licensed in another State, official letter of verification from that State in sealed envelope

__ A copy of your BCaBA certification (wallet-sized or wall certificate acceptable)

__ Completed Criminal Offender Record Information Request Form

MANDATORY

My social security number is:

□□□-□□-□□□□ Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you comply with the tax laws of the Commonwealth.