

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE ASSISTANT BEHAVIOR ANALYSIS

(This form has been designed for you to use as a checklist for processing your application)

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

___ Application Fee – The \$70 application fee is non-refundable.

___ Contact the Behavior Analyst Certification Board via email at verifications@bacb.com. Include “Virginia State Verification” in your subject line. BACB will email the verification to the Board of Medicine. Include our address in your request. medbd@dhp.virginia.gov.

Request the following information. If all information is not received, your application could be delayed.

- The applicant is currently certified by the BACB as a “Board Certified Behavior Analyst” (“BCBA”)
- Date issued _____ Expiration Date _____
- Certification is currently disciplined? _____ If yes, please include dates.
- Certification disciplined in the past? _____ If yes, please include dates.

___ Employment Activity Questionnaire (Form B). List activities on the chronological page of the application to include postgraduate training and all other activities since graduation from your professional school. Forward Form B (Activity Questionnaire) to those places of professional training/practice/employment listed for the past five years. If engaged in private practice, without affiliations, have another Behavior Analyst submit a letter attesting to your practice. CV'S ARE NOT ACCEPTABLE. Form B must be sent to the Board by the person completing it. The Board will accept this document by mail, fax or via email in a pdf document.

___ License Verification or Letter of Good Stand – Verification from all jurisdictions in which you have been issued a full license, certification or registration must be received by the Board. Please contact the applicable licensure board to inquire about processing fees. Verifications may be faxed directly from the jurisdiction. If Virginia is your first license then there will be no license verification to obtain.

Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Fax 804-527-4426 Email – medbd@dhp.virginia.gov

___ Experience Verification Form – If Virginia is your first state license and your BACB Experience Verification Forms were completed in Virginia, provide copies of the Experience Verification Form(s) that you provided to the BCBA for your certification.

___ Notification of Certification – If Virginia is your first state license, provide a copy of the letter you received from the BACB or other documentation which notified you of your BCaBA certification. Copies of certificates are not acceptable.