

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A LICENSED
BEHAVIOR ANALYST OR ASSISTANT BEHAVIOR ANALYST IN VIRGINIA**
(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

NOTE

**AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS
SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT TO
ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE BOARD
PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION EXPIRES, THE
APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE APPLICATION FEE
AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS ALSO GET TO THE BOARD.**

Complete the online application form, along with payment of the non-refundable fee of \$130.00 for Behavior Analyst and \$70.00 for Assistant Behavior Analyst. Applications and fee must be submitted together.

Certain forms may be faxed to 804-527-4426. The phone number to the Virginia Board of Medicine is 804-367-4600.

Mailing Address

Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment or FAX. The Board is unable to trace documents not delivered by the post office. If you wish to send your documents by overnight mail, please use FED EX or UPS.

1. **Application and Fee** – Complete the online application form along with payment of the required fee of \$130.00 for Behavior Analyst and \$70.00 for Assistant Behavior Analyst. Application fee should be paid using Visa, MasterCard, American Express or Discover. Applications **will not** be processed unless the fee is paid.

2. **Verification of Credentials** –
Contact the Behavior Analyst Certification Board via email at <https://www.bacb.com/verify-certification/>
Include “Virginia State Verification” in your subject line. BACB will email the verification to the Board of Medicine. Include our address in your request - ba-medbd@dhp.virginia.gov .
Request the following information. If all information is not received, your application could be delayed.
o The applicant is currently certified by the BACB as a “Board Certified Behavior Analyst” (“BCBA”)
o Date issued _____ Expiration Date _____
o Certification is currently disciplined? _____ If yes, please include dates.
o Certification disciplined in the past? _____ If yes, please include dates.

3. Copies of documentation supporting any name change since your initial licensure in Virginia.

4. If you answer “yes” to any question 7-19, provide supporting documentation to the Board in addition to providing a narrative explaining your answer. Please provide court documentation for any convictions.

Items 5-7 are not required if you have never practiced your profession and you have never held licensure in another jurisdiction.

5. **Employment Activity** – List all activities from the date of graduation from your professional school including but not limited to internships, employment, affiliations, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following professional school graduation. If you are employed by a group practice or traveler company, please list all locations where you have provided service or held privileges. If you need additional space to record your activities, follow this link to obtain a supplemental form and submit with your application:

Supplemental Form - <https://www.dhp.virginia.gov/Forms/medicine/SupplementalForm.pdf>

For applicants practicing as travelers, have the company you are affiliated with provide a complete list of all locations and dates where you have provided service.

6. **License Verification** - Verification of your professional license from a jurisdiction within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice behavior analysis to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to ba-medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

7. **NPDB Self Query** – Complete the online **Place a Self-Query Order** form at <https://www.npdb.hrsa.gov/>. Be ready to provide:

- o Identifying information such as name, date of birth, Social Security number
- o State health care license information (if you are licensed)
- o Credit or debit card information for the \$4.00 fee (charged for each copy you request)

Verify your identity. This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.

Wait for your response. Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

Please note that the Board will accept a digitally-certified electronic copy of the NPDB report that is emailed to the Board, in lieu of a mailed report.

Should you choose to mail your report, when you receive your report in the mail from NPDB, **DO NOT OPEN IT.** Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes.

The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.

Any NPDB report received for an application not completed within 3 months of receipt of the NPDB report will have to be resubmitted.

Please note:

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. This notice is to reiterate that the Board of Medicine will allow the Board address of record to be a Post Office Box or practice location.

*Applications will be acknowledged after receipt if items are missing.

*Applications not completed within 12 months may be purged without notice from the board.

*Additional information may be requested after review by Board representatives.

**Application fees are non-refundable.*

* Do not begin practice until you have been notified of approval. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

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