Save Print Reset

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR LICENSURE BEHAVIOR ANALYST - PROVISIONAL

RETURN TO: BEHAVIOR ANALYST ADVISORY BOARD
PO BOX 1335
JEFFERSON CITY MO 65102-1335
TELEPHONE: (573) 526-5804 • FAX: (573) 526-0661
E-MAIL ADDRESS: ba@pr.mo.gov
WEB: pr.mo.gov/ba.asp

INSTRUCTIONS

- Please read this form before completing.
- This form must be typewritten or printed legibly in **BLACK INK**.
- The applicant must complete side 1 and 2 of the form. Omitted information will delay review of the application.
- Enclose the application fee made payable to the Behavior Analyst Advisory Board. Payment must be made in the form of a check or money order. Please do not send cash. **All fees are non-refundable.**

SECTION I - APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE, SUFFIX)

MAIDEN NAME (IF APPLICABLE)	PREVIOUS LAST NAMES USED

SOCIAL SECURITY NUMBER*	DATE OF BIRTH (MM/DD/YYYY)	TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (OFFICE)	CELL PHONE NUMBER

HOME ADDRESS (STREET, CITY, STATE, ZIP) WILL BE PRINTED ON YOUR LICENSE AND CONSIDERED YOUR PUBLIC ADDRESS

E-MAIL ADDRESS

BEHAVIOR ANALYST TO PROVIDE DIRECT SUPERVISION

SECTION II - NOTE: IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PLEASE ATTACH A FULL EXPLANATION

☐ Yes ☐ No	Have you ever held any professional license issued by this state, or any other state or country in a profession other than as a Behavior Analyst? If yes, indicate license number, profession and whether active or inactive status.
☐ Yes ☐ No	Have you ever had an application for licensure or certification as a Behavior Analyst or any other profession denied or refused in this state, or any other state or country?
☐ Yes ☐ No	Have you ever had a professional license or certification issued to you disciplined, restricted or limited in any way by a professional licensing board of this state, or any other state? (including but not limited to as a Behavior Analyst)
☐ Yes ☐ No	Have you ever been disciplined formally or informally for unethical behavior or unprofessional conduct while holding any professional license or certification?
☐ Yes ☐ No	Have you ever been adjudged insane or incompetent by a state or federal court within the past five (5) years?
☐ Yes ☐ No	Have you ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere in any criminal prosecution whether or not sentence was imposed?
☐ Yes ☐ No	Have you ever been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage within the past five (5) years?
☐ Yes ☐ No	Have you ever been a defendant in a civil suit (excluding divorce or child custody)?

SECTION III - EDUCATIONAL DATA

Graduate University Attended: Please list all schools attended.

UNIVERSITY/COLLEGE	CITY AND STATE	FROM MONTH YEAR	TO MONTH YEAR	DEGREE	CONFERRED MONTH YEAR

***See enclosed Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

SECTION IV - AFFIDAVIT OF APPLICANT

I submit for consideration the above proofs as required by the Missouri laws governing the practice of behavior analysis and subject to the rules and regulations of the Behavior Analyst Advisory Board. Being duly sworn, I state that I am the person whose photograph is attached, and who is referred to in the foregoing application for licensure as a behavior analyst in the state of Missouri, and that all foregoing statements and enclosures are true in every respect. The Behavior Analyst Advisory Board may require further evidence that it deems reasonable and proper from the sources above.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

TAPE PASSPORT
Photograph Here

To be acceptable, the photograph must be 2 x 2 inches in size, recent and show a clear picture of your face

MUST BE SIGNED IN THE PRESENCE OF NOTARY	APPLICANT'S SIGNATURE ▶		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		