



Application for Nevada Licensed Assistant Behavior Analyst (LaBA)

Please read the instructions carefully and follow as directed.
Only use forms received directly from NVABA in this application.

The completed application can be emailed as a PDF attachment to application@nvababoard.org
or mailed to: NVABA 6170 Mae Anne Ave #1 Reno, NV 89523

LaBA Application Requirements: 1. \$100 non-refundable application fee 2. State/ Federal criminal background report 3. Undergraduate transcripts – sent directly to NVABA 4. Supervisory Confirmation 5. BACB credential 6. Juris Prudence Fee \$150/Examination 7. State/Federal background clearance 8. Prorated license fee \$71.

Applicants must complete their own application. Recruiters/employers/credentialing staff are not authorized to complete the form, answer questions or sign for the applicant. The application will be denied if it is determined that someone other than the applicant completed the process.

You may NOT provide ABA services to clients or supervise RBTs in the state of Nevada until you have completed this process, have been approved and issued a state license. To do so is considered a misdemeanor offense.

I certify that I have read, understand and agree to follow the introductory information for this application.

Print your name

Signature

Date

Once you've paid the application fee, submit the completed application, as one document, as a PDF attachment to NVABA at: application@nvababoard.org or mail the entire application and documents to NVABA 6170 Mae Anne Ave. #1, Reno, NV 89523

1. APPLICATION FEE

A \$100 application fee is required to process the application whether the application is completed or not. The payment is non-refundable. Once you have made this payment, submit your completed application for review.
Email the receipt of payment so we can correctly apply it to your application.

Two online payment options are available:

1. Copy and paste this URL:

<https://Simplecheckout.authorize.net/payment/CatalogPayment.aspx?LinkId=c3d65ada-c4de-403f-9daf-a99c6eec0391>

OR

2. Scan this QR code





Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada Applied Behavior Analysis Board (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. **Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. **Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada Applied Behavior Analysis Board (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

Applicant's Signature: _____

Date: _____

Agency Account #:

153128

Agency Representative:

Knorr

Wendy

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____

Wendy Knorr
1-26-2020

4. REQUIRED SIGNATURES

AUTHORIZATION AND RELEASE

I, an applicant for licensure, having filed an application to Nevada Applied Behavior Analysis Board, hereby apply for a character and fitness report and consent to have an investigation made as to my moral character, professional reputation, and fitness for the practice of an Assistant Behavior Analysis and such information as may be received or reported to the Nevada Applied Behavior Analysis Board. I agree to give additional information which may be required in reference to my past record. I hereby release, discharge, exonerate Nevada Applied Behavior Analysis Board, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or investigation. I hereby consent to the disclosure of all information as set forth in this instrument to any request by Nevada Applied Behavior Analysis Board. I have read the foregoing document, and I sign it willingly, voluntarily and with full knowledge.

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, all electronic signatures are the legal equivalent of my manual/handwritten signature, and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically. Under penalty of perjury, I herewith affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent and am legally bound to these terms and conditions.

PREVIOUS DISCLAIMER AND SIGNATURE

I agree that my name may be published as an applicant for licensure in the State of Nevada. I affirm, under penalty or perjury, that all the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented or falsely stated any information in relationship to my criminal history, or to my training, experience or fitness to practice as an Assistant Behavior Analyst. I authorize the exchange of any information concerning all complaints adjudicated, stipulated or pending against me with Nevada Applied Behavior Analysis Board, licensing boards and professional associations. I understand such complaints may constitute grounds for disciplinary action by the board.

RELEASE OF INFORMATION

I authorize the release of my application status to those making inquiries including employer; potential employer; Supervisor, etc. I understand that no personal information will be released, only information regarding the status of my application in relation to the process.

Print Your Name

Signature

Date

5. Employment

Employer: _____

Address: _____

Street Address

Suite #

City

State

Zip Code

Phone: ____ - ____ - ____ Professional/Work Email: _____

Dates of employment: From _____ to _____

6. Education

Transcripts: Official transcripts for all degrees awarded must be sent to the Nevada Applied Behavior Analysis Board directly from the institutions granting the degree. It is preferred to receive transcripts electronically; however, transcripts may also be received via US postal mail. If sent via mail, please expect a slightly longer processing delay.

Please have your transcripts emailed to: application@nvababoard.org or

Mail to: NVABA 6170 Mae Anne Avenue, Suite #1 Reno, NV 89523

Undergraduate Education: LaBA licensure requires a minimum of a bachelor's degree. Please provide information for all degrees awarded.

Highest Academic Degree Earned: _____

University: _____

Major Field: _____

Date Degree Awarded: ____/____/____ Requested Transcripts? Yes No

Please submit as many entries as needed to document your undergraduate education. (e.g. associate, bachelor, certificates.)

Academic Degree Earned: _____

University/College: _____

Major Field: _____

Date Degree Awarded: ____/____/____ Requested Transcripts? Yes No

Undergraduate Education: Continued

Academic Degree Earned: _____

University/College: _____

Major Field: _____

Date Degree Awarded: ___/___/___ Requested Transcripts? Yes No

Academic Degree Earned: _____

University/College: _____

Major Field: _____

Date Degree Awarded: ___/___/___ Requested Transcripts? Yes No

7. BACB CERTIFICATION

Nevada Statues requires current certification through the Behavior Analyst Certification Board (BACB) which must be maintained to remain licensed in the state. ***If your BACB status changes at any time, you are required to notify the Nevada ABA Board.***

Are you certified through the Behavior Analyst Certification Board (BACB)? Yes No

Provide a copy of your BACB certificate. If your certificate is not available, a copy of the BACB wallet card letter will be accepted; no other forms will be accepted. **I have attached my certificate** Yes No

BACB Credential Number: 0 - ___ - _____

Date of Certification ___/___/___ Years Certified _____

Are you currently the subject of investigation OR have been found guilty of an ethical violation by the BACB?

No Yes Explain: _____

8. PROFESSIONAL EMPLOYMENT

From most Recent:

Employer: _____

Address: _____
Street City State Zip Code

From ____ / ____ / ____ To ____ / ____ / ____

Employer: _____

Address: _____
Street City State Zip Code

From ____ / ____ / ____ To ____ / ____ / ____

Employer: _____

Address: _____
Street City State Zip Code

From ____ / ____ / ____ To ____ / ____ / ____

9. PROFESSIONAL LICENSING HISTORY

Please provide your **complete** licensing history. You may submit as many entries as needed to document your entire licensing history, active/inactive, etc. Attach copies of verification document for each license listed.

License details: _____

License details: _____

License details: _____

I have attached copies of the licenses listed above. Yes No

10. PERSONAL/PROFESSIONAL CONDUCT HISTORY

* Please use separate sheet of paper to explain if **yes** and return with application. *

- Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal, or malpractice action? **No** **Yes**
- Have you ever pled guilty or nolo contendere or been found guilty, convicted, or held liable in any moral, ethical, legal or malpractice action? **No** **Yes**
- Have you ever had a professional license, registration, certification, or credential denied, restricted, suspended, censured or revoked in any jurisdiction for any profession? **No** **Yes**
- Have you ever relinquished responsibilities, let your license lapse, resigned a position, or been fired due to an action pending or threatened? **No** **Yes**
- Have you ever resigned or been terminated from a professional organization or surrendered a license while a complaint against you was being investigated or pending? **No** **Yes**
- Have you ever been notified by any state, territory, district, country, U.S. government agency, or state certification/licensing board of any complaint filed against you relative to the practice of behavior analysis (including, but not limited to, any allegations currently pending)? **No** **Yes**
- Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony, including Driving Under the Influence? (Failure to disclose a conviction will delay your application process and may be grounds to deny such registration or to appear before the Board. If your background check comes back with an arrest with no disposition you will be asked to provide said disposition.) **No** **Yes**
- Are you subject to a court order for the support of one or more children and not in compliance with the order or with a repayment plan approved by the public agency authorized to enforce the order? **No** **Yes**
- Are you required to register as a sex offender? **No** **Yes**
- Have you ever suspended, disqualified, censured, or disciplined as a member of any professional organization? **No** **Yes**
- Have you ever been dismissed from or asked to resign from any education, training or employment due to negligence, professional misconduct or academic dishonesty? **No** **Yes**
- Have you ever been subject to review and/or action by the ethics committee of any professional organization? **No** **Yes**

11. LaBA SUPERVISOR QUALIFICATION FORM – to be completed by supervisor

Name of Assistant Behavior Analyst: _____

Supervisor's Full Name: _____
Last First MI

Personal Email Address: _____

Home Phone Number: ____-____-_____

Home Address: _____
Street address Apt/Unit #

City State Zip Code

Employment Address: _____
Street address

City State Zip Code

Work related Email Address: _____

Business Phone Number: ____-____-_____

Nevada License Number LaBA _____ Issue Date __/__/____

BACB Certification Number 1-____-_____ Issue Date __/__/____

Description of Qualifying Supervision or Training Experience:

Attestation:

I affirm, under penalty of perjury, that all the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented or falsely stated any information relevant to my training and experience or my fitness to serve as a supervisor. I affirm

Signature _____ Date _____

12. PHOTOGRAPH

Please provide one passport-size, professional looking, high quality head shot, in either color or black/white.
Do not use copies of your driver's license or passport.

I've attached a PDF of my photograph to this application Yes

Submitting your application for review!

Email the completed application and attachments, as one document,
as a PDF file to: application@nvababoard.org

or **mail** the entire completed application and documents to:

NVABA
6170 Mae Anne Ave. #1
Reno, NV 89523

Questions? Please call: 775-746-9429

Once your submission has been reviewed, you'll be notified of the next steps and provided with documents, payment processing and access to the Juris Prudence Exam. The prorated license fee is \$71 and the Exam Fee is \$150.