



Application for Nevada Registered Behavior Technician (RBT)

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

Just so you know... You will need *two different certifications from two different entities* to practice ABA in Nevada. ***It is important to know the difference!***

The Behavior Analyst Certification Board (BACB) is the national organization that certifies you meet recognized training and supervision requirements. See more at BACB.com. ***You must have this credential before your NVABA application can be approved.***

The Nevada Board of Applied Behavior Analysis (NVABA) will issue your registration, which allows you to work as an RBT in the state. This is the application required to obtain a Nevada RBT registration.

Both certification and registration are required to work in Nevada. The two organizations have different requirements, timelines, deadlines, rules and regulations. *It is your responsibility to maintain both certifications.*

Once you have made this payment, submit your application for review.

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

1. REGISTRATION FEE

A \$70 registration fee is required to process the application whether the application is completed or not. The payment is non-refundable and non-transferable. ***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=df05c1da-916a-48b4-83a1-c38e77b50098>

OR

2. Scan this QR code



A criminal background clearance is required for all applicants. ***Do not attempt to complete fingerprinting before you are directed to do so later in the process.*** Your results will be rejected, and you will be required to obtain another report if you do not follow the process.

Only use the forms provided to you directly by NVABA for this application process.

Is someone assisting you with this application?

Name of person or employer assisting you: _____

Phone _____ - _____ - _____ Email _____

2. APPLICANT INFORMATION

Full Name _____ **Date** _____
Last First M.I.

Home Address _____ **Apt/Unit #** _____
Street Address

City State Zip Code

Mailing Address (if different from Home address)

Street Address Apt/Unit #

City State Zip Code

Phone _____ - _____ - _____

Personal Email (Do not provide a work-related email) _____

Social Security Number ____ - ____ - ____ **Date of Birth** ____/____/____

Gender M F **U.S. Citizen** **Naturalized U.S. Citizen** **Not a U.S. Citizen**

Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony (including Driving Under the Influence or While Impaired)? Failure to disclose a conviction is automatic grounds for denial. Please Note: If your background report includes an arrest with no disposition, you will be asked to provide documentation of the final disposition.

No **Yes** *If Yes, explain:* _____

3. Signatures Required

AUTHORIZATION AND RELEASE

I, an applicant for registration, have filed an application to the 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 ABA/BA and such information may be received or reported to the Nevada Applied Behavior Analysis Board. I agree to give any additional information which may be required in reference to my past record. I hereby release, discharge and exonerate the Nevada Applied Behavior Analysis Board, its agents and representatives and any person furnishing information from 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 sign it willingly, voluntarily and with full knowledge.

Print your name

Signature

PREVIOUS DISCLAIMER AND SIGNATURE

I agree that my name may be published as an applicant for registration in the State of Nevada. 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 in relationship to my criminal history or to my training, experience or fitness to practice as a Behavior Technician. 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.

Print your name

Signature

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent disclosure, that 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 a 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 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.

Print your name

Signature

Date

4. FINGERPRINT WAIVER FORM

The attached waiver is critical to the background clearance process. Per the Department of Public Safety privacy laws, NVABA must have the completed waiver to receive and review your criminal history report. If we do not have the completed fingerprint waiver form *prior* to receiving your report, we are required to discard the results. You will then be required to obtain a new background clearance.

Do not complete fingerprints prior to submitting the fingerprint waiver.

Complete the attached two-page form and email it as a PDF file

to: application@nvababoard.org

or mail to: NVABA 6170 Mae Anne Ave #1 Reno, NV 89523

Be sure to ***initial and date page 1***, and provide your ***complete name, signature and date on page 2***.

If the form is incomplete, it will be rejected.

Once NVABA receives the required waiver, you will receive the fingerprint request form via email to submit your fingerprints for processing. You must wait to receive it directly from NVABA.

5. FINGERPRINT REQUEST PROCESS/Form

AFTER you return the Fingerprint Waiver form and it is reviewed and accepted by NVABA, you will receive the ***Fingerprint Request Form*** directly from our office via email. Only use the form provided to you directly by NVABA via email. Do not accept or use a copy of this form from anyone for any reason.

1. Print the ***Fingerprint Request Form*** and complete the “Applicant Information” box.
2. Take the completed form to a fingerprint establishment. (We do not recommend using Police or Sherriff’s offices or UPS stores.) Your prints will be submitted electronically/LiveScan directly to the Nevada Department of Public Safety for processing and NVABA will receive your report in approximately 2-3 weeks.

PLEASE NOTE: LiveScan is only available to submit if you are **physically** in Nevada.
If you are out of state – please contact our office to discuss the alternate process.
775-746-9429

3. The fingerprint technician will complete the “Fingerprint Site Information” box and give the completed form back to you. ***Keep this completed form as your receipt.***



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: _____

Wendy Knorr

Date: _____

1-26-2020

6. BACB VERIFICATION

Once your supervisor has submitted the required information to the BACB, it can take 24-48 hours for the BACB Registry to update and include your supervisor’s information. Please check the BACB registry to confirm your supervisor is listed in your profile and your certification status is “ACTIVE” **prior** to submitting this verification request.

What is your BACB Certification Number: RBT-____ - _____

Your certification number can be found on your BACB certificate or the credential notification email received from BACB after you passed the RBT exam.

What is your BACB Certification Expiration date: ____/____/____

Employer/Company Name: _____

Employer/Company Phone: _____

Supervisor Information *(This person must be a Nevada-licensed LaBA or LBA)*

Name: _____

First Last

Address: _____

City State Zip Code

Phone: ____ - ____ - _____

Supervisor BACB Certification Number: ____ - ____ - _____ (Example- 1-00-000000)

Supervisor Nevada License Number: _____ (Example- LBA 0000 or LaBA 0000)

Applicant Information

Print your name Signature

Date: ____/____/____

Return this completed BACB VERIFICATION form in a PDF format to:
application@nvababoard.org

You may also mail the completed form to: NVABA 6170 Mae Anne Ave #1 Reno, NV 89523