



THE STATE  
of **ALASKA**

*Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing*

**Behavior Analyst Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 ★ Fax: (907) 465-2974

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [www.professionallicense.alaska.gov](http://www.professionallicense.alaska.gov)

**ASSISTANT BEHAVIOR ANALYST LICENSE APPLICATION PACKET**

“A person may not practice behavior analysis in this state without a license. A person who practices behavior analysis in this state without a license is guilty of a misdemeanor.” For more information, please see AS 08.15.010.

**GENERAL INSTRUCTIONS**

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also your responsibility to request official transcripts and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change. Incomplete or incorrect documents will be returned and will cause delays in processing the application. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents not larger than 8 ½" x 11" are preferred.

**APPLICATION FOR PERMANENT LICENSURE**

The following documents and fees must be on file with the division before the file will be reviewed:

1. **APPLICATION** - Completed, signed, and notarized. An applicant with a “yes” answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. **FINGERPRINT CARD** - One original 8" x 8" FD 258 fingerprint card. Contact the Division of Corporations, Business and Professional Licensing to request a fingerprint card (FD 258) be sent to you. You may also obtain an FD 258 fingerprint card from a business or law enforcement office that provides fingerprinting services. No other form other than an FD 258 will be accepted by the division. To avoid delays in licensure, please ensure your fingerprints are rolled out clearly and all applicable personal information is provided as requested on the FD 258 fingerprint card. All applications will be considered incomplete until a completed card is submitted. Fingerprint processing can take 3 months or more.

3.	<b>FEES</b> - Nonrefundable application fee	\$200
	Assistant Behavior Analyst license fee	\$500
	Fingerprint processing fee	\$60
		<hr/>
	Total fees due	\$760

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting a Credit Card Payment Form 08-4438.

- CERTIFICATION** - A certified true copy of certification as an Assistant Behavior Analyst issued by the Behavior Analyst Certification Board Inc., or an original Verification of Certification sent directly from the Behavior Analyst Certification Board Inc.
- LICENSE BY EXAMINATION** - If applying for licensure by examination, verification of successfully passing the Board Certified Assistant Behavior Analyst Examination as conducted by the Behavior Analyst Certification Board.
- LICENSE VERIFICATION** - Verification of licensure form from each U.S. state in which you hold or have held a license to practice as an Assistant Behavior Analyst or as a Behavior Analyst. If none, please so state under *Part III, Professional Activities*. Make additional copies of the form if necessary.
- RELEASE** - Completed Authorization for Release of Records.

**APPLICATION FOR TEMPORARY LICENSURE**

A temporary license, valid for a period of 30 consecutive days in a calendar year, may be issued to an applicant who will practice behavior analysis in Alaska. The applicant must be licensed as an Assistant Behavior Analyst or Behavior Analyst in another state with licensing requirements that are substantially similar to Alaska’s. Only one such temporary license may be issued to an applicant in any one calendar year.

The following documents and fees must be on file with the division before the file will be reviewed:

- APPLICATION** - Completed, signed, and notarized. An applicant with a “yes” answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
- FINGERPRINT CARD** - One original 8" x 8" FD 258 fingerprint card. Contact the Division of Corporations, Business and Professional Licensing to request a fingerprint card (FD 258) be sent to you. You may also obtain an FD 258 fingerprint card from a business or law enforcement office that provides fingerprinting services. No other form other than an FD 258 will be accepted by the division. To avoid delays in licensure, please ensure your fingerprints are rolled out clearly and all applicable personal information is provided as requested on the FD 258 fingerprint card. All applications will be considered incomplete until a completed card is submitted. Fingerprint processing can take 3 months or more.

3.	<b>FEES</b> - Nonrefundable application fee	\$200
	Temporary Assistant Behavior Analyst license fee	\$100
	Fingerprint processing fee	\$60
		<hr/>
	Total fees due	\$360

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting a Credit Card Payment Form 08-4438.

4. **CERTIFICATION** - A certified true copy of certification as an Assistant Behavior Analyst by the Behavior Analyst Certification Board Inc. or an original Verification of Certification sent directly from the Behavior Analyst Certification Board Inc.
5. **LICENSE VERIFICATION** - Verification of licensure form from each U.S. state in which you hold or have held a license to practice as an Assistant Behavior Analyst or as a Behavior Analyst. Make additional copies, if necessary.
6. **RELEASE** - Completed Authorization for Release of Records form.

**OTHER FEES**

Wall certificate (suitable for framing), with initial application or subsequent written request	\$20
Duplicate license (with written request)	\$5
Verification of licensure to another state (with written request)	\$20
Returned check	\$20
Address change (must be in writing)	no fee

**GENERAL INFORMATION**

**APPLICATION PROCESSING** - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

**SOCIAL SECURITY NUMBERS** - AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at [www.professionallicense.alaska.gov](http://www.professionallicense.alaska.gov) or contact the division for a copy of the form.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**LICENSE TERM** - Licenses are issued for a two-year period. However, all Assistant Behavior Analyst permanent licenses expire on September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. The temporary license is issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

**ADDRESS OR NAME CHANGE** - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

**ABANDONMENT** - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid, however the application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued.

**DENIAL OF APPLICATION** - Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

**STATUTES AND REGULATIONS** - The complete set of statutes and regulations for this program is available on the division's website at [www.professionallicense.alaska.gov](http://www.professionallicense.alaska.gov). If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

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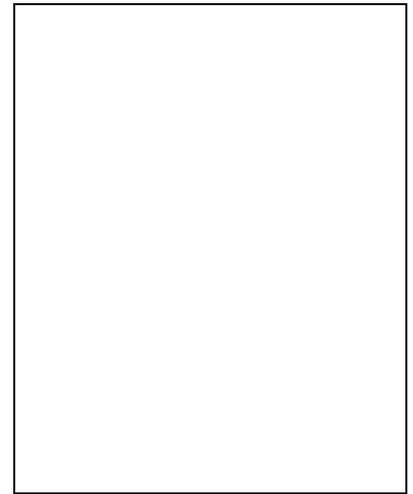


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**ASSISTANT BEHAVIOR ANALYST LICENSE APPLICATION**

Application for:

- Permanent license by credentials
- Permanent license by exam
- Temporary license

Nonrefundable application fee	\$200
Biennial license fee	\$500
Fingerprinting fee	\$60
Temporary license fee	\$100

Please fill out each section. Write "N/A" if not applicable.

**Part I: PERSONAL IDENTIFICATION INFORMATION** *Type or Print Legibly*

<b>Full Legal Name</b> (Last, First, Middle)	Last	First	Middle
<b>Other Names Used</b> (nick names, maiden name)			
<b>Legal Name Changes</b> (Provide copies of changes)			
<b>Date of Birth</b>	Month	Day	Year
	/	/	
<b>Mailing Address</b>	Address (Include street address if using post office box, and name if sending to a medical clinic)		
	City	State	Zip Code
<b>Residence Address</b>	Address (Include street address if using post office box)		
	City	State	Zip Code
<b>Telephone</b>	Work:	Home:	
<b>E-Mail (optional)</b>			
<b>APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure.</b>			Social Security Number

**This section is for temporary licensure ONLY**

Please state planned dates of temporary nonresident practice in Alaska

From (Month / Day / Year)

To (Month / Day / Year)

**Part II: EDUCATION**

List accredited college or university attended where qualifying degree was earned.

Name of School	Location	From (Mo/Yr)	To (Mo/Yr)	Degree/Date Awarded

**Part III: PROFESSIONAL ACTIVITIES**

List all current and previous Assistant Behavior Analyst or Behavior Analyst licenses held in any municipality, state, territory, or country. If none, write N/A. Use an extra sheet if necessary. Ensure verifications are sent to the division directly from the governing body.

Municipality/State/Territory/Country	License No.	Date of Issue	License status	Licensed by exam or reciprocity?

**Part IV: PROFESSIONAL FITNESS**

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

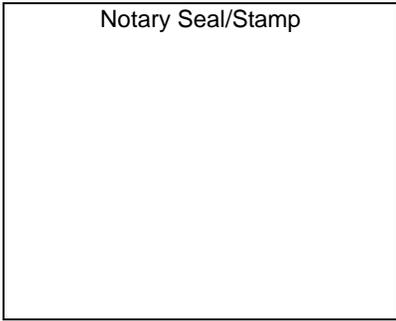
**WHEN IN DOUBT, PLEASE DISCLOSE AND EXPLAIN!**

**YES NO**

- Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.....
- Have you held or do you hold ANY professional license that has ever been revoked, suspended, surrendered, subject to a stipulation, placed on probation, been subject to any other restriction or discipline in any jurisdiction, or have you ever been denied ANY professional license?.....
- Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness?.....
- Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?.....
- Within the past five years, have you had or do you have a physical disability which may impair or interfere with your ability to practice behavior analysis?.....

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at [www.professionallicense.alaska.gov](http://www.professionallicense.alaska.gov) under License Search.

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to practice behavior analysis in Alaska.



SIGN HERE 

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me on  
\_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Notary Public

Notary Public, State of \_\_\_\_\_

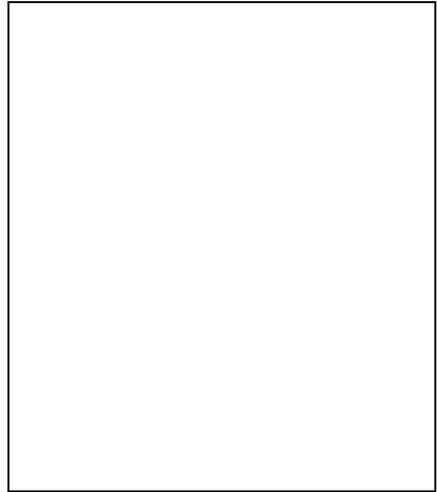
My Commission Expires: \_\_\_\_\_

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VERIFICATION OF LICENSE

Part I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward a verification to each jurisdiction where you previously were or currently are licensed as an Assistant Behavior Analyst or as a Behavior Analyst. The information requested below must be officially verified by the agency or board that issued the license. The blank form may be photocopied for additional requests. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the licensing agency will return the form directly to the State of Alaska.

Name Last First Middle Maiden/Other

Mailing Address City State ZIP Code

License No. Birthdate

Signature Date signed

LICENSING AGENCY OR BOARD: PLEASE SEE REVERSE

**Part II**

**Instructions to Licensing Agency or Board:** The above-named individual is applying for licensure as an Assistant Behavior Analyst in Alaska. Please provide the information requested below, and **return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of page 1.** The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's name as shown on your records \_\_\_\_\_

License No. \_\_\_\_\_

Birthdate \_\_\_\_\_

Original issue date \_\_\_\_\_

Current expiration date \_\_\_\_\_

Status:  Current  Inactive  Lapsed  Other \_\_\_\_\_

Licensed By:  Exam (Date \_\_\_\_\_)  Credentials  Other \_\_\_\_\_

Has there been any final disciplinary action taken against this licensee?  Yes  No

If yes, please provide a copy of the disciplinary action document.

Is there any derogatory information about this licensee not mentioned elsewhere on this form? If so, what is it? \_\_\_\_\_

Board/Agency Name \_\_\_\_\_

Signature \_\_\_\_\_

[BOARD SEAL]

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

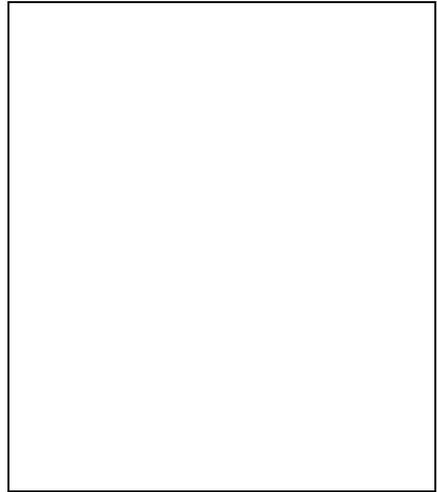
Date \_\_\_\_\_

**STATE OF ALASKA USE ONLY**



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AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, \_\_\_\_\_

residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as an Assistant Behavior Analyst. This authorization expires one year from the date of my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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