

Mississippi Autism Board
The Regulating Board for Applied Behavior Analysis
P.O. Box 136
Jackson, MS 39205
Telephone (601) 359-6792 Fax (601) 576-2570 www.MSAutism.sos.ms.gov

APPLICATION PROCESS

Enclosed you will find the forms and documents necessary to apply for licensure by the Mississippi Autism Board as a Behavior Analyst or Assistant Behavior Analyst.

Before submitting an application, please review all information below to ensure you meet all eligibility requirements for licensure.

In the event applicant does not meet licensure requirements, application fees are nonrefundable.

For licensure as a Behavior Analyst, applicants must possess at minimum, a Master's degree, or equivalent, from an accredited educational institution. Additionally, applicants must possess and verify current and active certification by the Behavior Analyst Certification Board®, Inc. (BACB®) as a Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst-Doctoral® (BCBA-D®).

For licensure as an Assistant Behavior Analyst, applicants must possess a Bachelor's degree, or equivalent, from an accredited educational institution. Additionally, applicants must possess and verify current and active certification by the BACB® as a Board Certified Assistant Behavior Analyst® (BCaBA®).

All applications must include certification documentation and any other relevant materials issued to applicant by the BACB®. Failure to include applicable documentation may cause delays in licensing process.

All licenses issued by the Mississippi Autism Board shall be for a term of three (3) years; however, licensure by the Mississippi Autism Board shall not exceed the expiration of the licensee's certification by the BACB®. Failure to maintain certification with the BACB® by the licensee shall result in immediate revocation of license by the Mississippi Autism Board.

Application Process Steps

1. Complete Application Form along with signed and notarized Affidavit and signed Criminal Background Request for Fingerprint Card.

2. Submit the application fee: \$250.00 (Behavior Analyst) \$100.00 (Assistant Behavior Analyst)
(*Please make check or money order out to Mississippi Autism Board and include with forms.)

3. Submit a \$35.00 processing fee for Criminal Background Check (*Can be included with application fee)

4. Return these forms to: Mississippi Autism Board
 P.O. Box 136
 Jackson, Mississippi 39205

5. The Mississippi Autism Board will review and verify your application and all required supporting

documents. Following review, applicant will receive notification if additional information is required.

6. Submit all official undergraduate and graduate transcripts from all institutions attended (must come from the institution's registrar's office) to the Board. Transcripts sent directly from the applicant will not be accepted.

I, _____, hereby grant the Mississippi Autism Board (the regulating board for behavior analysis) permission to obtain, and share information as necessary, related to my license/certification with the BACB. Additionally, I hereby grant the BACB permission to provide information related to my license/certification, as necessary, with the Mississippi Autism Board.

Signature

Date

Miscellaneous Information

Application Processing: Mississippi Autism Board's administrative staff will process your application form, fee(s) and all supporting documents within ten (10) business days of receipt in the Board's office.

Name Information: If some of your documents or records are in different names, please note in your submission the name in which you have applied for licensure under. If you change your name, you must send the Board a copy of the legal document changing the name.

Materials: Please retain a copy of **ALL** application materials submitted to the Mississippi Autism Board for your records.

Supervision: All licensees are required to register with the Board all Behavior Technicians under licensee's supervision within thirty (30) calendar days of licensure.

Required BACB Certification and Renewal: All licensees are required to re-apply for licensure with the Mississippi Autism Board within thirty (30) days of renewal of his/her certification with the BACB.

Fees: For application forms mailed to the Board office, personal checks, money orders, or cashier's checks are to be made payable to: Mississippi Autism Board.

Application fees are Non-Refundable; Checks returned for insufficient funds will be assessed a service charge of \$25.

The Mississippi Autism Board appreciates the time and effort involved in completing the application process. It will be most helpful to the Board if you ensure that all of the information is accurate, timely, and legible, and that you have reviewed all pertinent requirements. Should you need to contact the Board concerning your application, you may call (601) 359-6792. Thank you for your cooperation.

Mississippi Autism Board

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APPLICATION FORM

PERSONAL INFORMATION:

Applying as:

_____ Behavior Analyst

_____ Assistant Behavior Analyst

Full Name (first, middle, last) _____

Previous names or aliases _____ SSN _____ Gender _____

Date of Birth ____/____/____ Are you a U.S. citizen? _____ Are you a legal resident of MS? _____ If no, State of

Residency _____ E-Mail Address _____

Employer Name & Address _____

_____ City _____ State _____ Zip _____ Business Telephone (____) _____

Home Address _____

City _____ State _____ Zip _____ Home Telephone (____) _____ Cell Phone (____)

EDUCATION AND TRAINING:

School _____

City _____ State _____ Zip _____

Type of Degree _____ Date of Completion _____

School _____

City _____ State _____ Zip _____

Type of Degree _____ Date of Completion _____

School _____

City _____ State _____ Zip _____

Type of Degree _____ Date of Completion _____

Current Certification by the Behavior Analyst Certification Board® and date of certification: _____

Do you hold any other licenses? _____ Type/Title: _____ In which jurisdiction(s)? _____

Are you requesting a Temporary license? ___No ___Yes

If you are requesting a temporary license, have you obtained all BACB requirements for certification? ___ Yes ___ No (If no, please provide further detail below, including, but not limited to expected date of receipt of certification results, etc.)

PERSONAL REFERENCES:

List three professional and one personal reference willing and able to attest to your character and aptitude for licensure.

_____ Name	_____ Phone	_____ Email

QUESTIONNAIRE:

Please answer the following questions. Note: If you answer "Yes" to any of the questions below, please submit as part of your application a signed, dated type-written explanation providing specific details, including disposition of the matter.

1. Have you ever been charged with or convicted of a felony or misdemeanor other than a traffic violation? Yes___ No___
2. Have you ever had a complaint filed with a professional association or certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes___ No___
3. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes___ No___
4. Have you been diagnosed or treated for any physical emotional, or mental illness or disease, including drug or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety with the previous two (2) years? Yes___ No___
5. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes___ No___
6. Has any governmental agency ever substantiated allegations made against you for physical, mental, or emotional abuse or neglect, sexual abuse, or exploitation against either a minor or an adult? Yes___ No___

AFFIDAVIT

NOTE: Any omissions, false or misleading information in, or in connection with this application, its attachments, or other communication(s) with the Mississippi Autism Board may be cause for denial or revocation of licensure on the grounds of lack of good moral character.

STATE OF: _____

COUNTY OF: _____

The undersigned, being sworn, duly states that he/she is the person who executed this application; that all statements herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of Mississippi Autism Board; and that he/she has read and understands this affidavit.

SIGNATURE OF APPLICANT: _____

DATE: _____

SWORN BEFORE ME THIS DAY _____ **OF** _____ **A.D. 20** _____

SIGNATURE OF NOTARY PUBLIC _____

PRINTED OR TYPED NAME: _____

MY COMMISSION EXPIRES: _____

SEAL

CRIMINAL BACKGROUND CHECK REQUEST FOR
FINGERPRINT CARD

I, _____, request that a fingerprint card be sent to me at the
{Please print full name}

address listed below for the purpose of licensure by the Mississippi Autism Board. ***I have enclosed the required \$35.00 processing fee (Check or money order)***. I understand that my licensure application file is not complete until the Mississippi Autism Board has received all licensure requirements and responses from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records.

Mailing Address: _____

Email address: _____

Business Phone#: _____

Cell Phone #: _____

Signature

Date