APPLICATION FOR BEHAVIOR ANALYST LICENSE

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS
810 North Main #298
Spearfish, SD 57783
(605) 642-1600

For Board Use Only

Date Application Received: _____Application Fees $_____CK#_____

Date Permanent License Issued:_____ Permanent License Number_____

Child Support Data Bank Checked:_____ BACB Certification_____

Please type or print legibly in black or blue ink. ***Please note this application must be notarized.***

Applicant's Name: _____
(Last) (First) (Middle) (Maiden)

Mailing Address:_____
(Street or P.O. Box) (City) (State) (Zip)

Telephone Number Home: (_____) _____ Cell: (_____)_____

Date of Birth: _____ Social Security Number: _____
(mm/dd/yyyy)

Race (please circle one): White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander Not Listed or Prefer Not to Answer Not Applicable

Gender (please circle one): Male Female Prefer Not to Answer Not Applicable

Ethnicity (please circle one): Hispanic Non-Hispanic Prefer Not to Answer Not Applicable

Email Address: _____

Please list any other names used which records could be filed concerning your application, including your education/training experience: _____

Employer Name:_____

Employer Telephone Number: (_____) _____

Employer Address: _____
(Street and PO Box) (City) (State) (Zip)

Employer Business Type (please circle one): Individual Partnership Corporation Association LLC LLP Unknown Other

I am employed: Full-Time ☐ Part-Time ☐

1. Are you licensed or have you ever been licensed to practice Applied Behavior Analysis in another state? Yes ☐ No ☐ If yes, please list the state(s) _____.

*Please contact the board office(s) in the state(s) listed and request they send an official verification of your license to the South Dakota Board of Social Work Examiners at the address listed on the front page of this application or to office@sdlicensing.com

2. Is your spouse an active duty member of the armed forces? Yes ☐ No ☐
If yes, was your spouse subject to military transfer to South Dakota? Yes ☐ No ☐
If yes, did you leave employment to accompany your spouse to South Dakota? Yes ☐ No ☐

Education

Do you have current BACB certification? ☐ Yes ☐ No * please request through BACB they send the Board office proof of your certification. Proof of BACB certification must contain your name, certification number, the date certification was issued, and the expiration date. **Current certification in good standing by the BACB is required for licensure.**

Please list your relevant educations history below, beginning with the highest degree earned. Please have official transcripts (Master's or Doctoral Degree only) sent directly to the Board of Social Work Examiners by the registrar of the college/university (address is on the front page of this form). They may come electronically, directly from the school, to office@sdlicensing.com

Name and Location of Accredited College	Dates of Attendance From /To (mm/yy)	Degree and Date Granted (mm/dd/yyyy)

EMPLOYMENT RECORD FOR LAST 5 YEARS (Continued on the next page)

Employer Name and Address	Dates of Employment (From/To)	Your Position	Supervisor's Name

MISCELLANEOUS (Please mark Yes or No to each question)	Yes	No
1. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?		
2. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *It is the applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor*		
3. Has any State Board of Examiners or any professional organization determined that you committed unprofessional conduct? If yes, on a separate sheet please provide complete details.		
4. To your knowledge, has a complaint ever been filed against you, or a company owned by you, with the BACB Board of Ethics or any other state licensure board? If yes, on a separate sheet provide complete details including copies of the court's judgment and any written decisions in the case.		
5. Have you ever been disciplined by the Behavior Analyst Certification Board (BACB) or by any other professional association? If yes, on a separate sheet provide complete details.		
6. Has any state rejected your application, suspended or revoked your professional license or certificate? If yes, on a separate sheet provide complete details.		
7. SDCL 25-A-56 prohibits the issuance of a license of any state regulated license if an applicant owes $1,000 or more in past due child support. Do you owe $1,000 or more in past due child support?		

If you answered YES to questions 1 or 2, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

PLEASE READ CAREFULLY BEFORE YOU SIGN:

By applying for behavior analyst licensure to the South Dakota Board of Social Work Examiners, I certify that:

*I have read the South Dakota Behavior Analyst Law and the Rules of the Board. I agree to abide by the State Law and all current and subsequent Rules of the Board.

*I declare and confirm that all information provided in this application has been examined by me and to the best of my knowledge and belief, is in all things true and correct. I understand that giving false information of any kind will result in denial of licensure.

*I authorize the Board representatives to consult with others regarding the inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.

*I agree to hold the South Dakota Board Social Work Examiners, its members, officers, agents, and examiners free from any liability in connection with this application. I acknowledge acts are performed in good faith and without malice in connection with the evaluation of me and my credentials.

*I release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the South Dakota Board of Social Work Examiners in good faith, and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.

* Per Administrative Rule 20:85:01:09, I understand that the name, license number, and mailing address of all holders of a South Dakota-issued professional license will be provided in response to information requests for licensee lists from organizations and individuals.

_____ _____

Applicant's Signature Date (mm/dd/yyyy)

_____

Please print name as you would like it to appear on license

The Board of Social Work Examiners does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

NOTORIZATION

The applicant_____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this_____day of_____,_____

My commission expires_____

_____ (Seal)

Signature of Notary Public