

To apply for a License:

- Step 1: Complete the application. Do not leave application sections blank.
- Step 2: Ensure accompanying documents are submitted with the application.
- Step 3: Submit your application, required documents, and fee to the Occupational Licensure Unit.

Submit your completed application to the Occupational Licensure Unit, including:	
<ul style="list-style-type: none">○ Completed Application○ US Citizenship or Lawful Presence Document○ Conviction Records (if you have convictions)	<ul style="list-style-type: none">○ Proof of certification as a certified Behavior Analyst or Assistant Behavior Analyst○ Other State Credentialing Information (if applicable)○ Completed Authorization for Release of Information○ The Licensing Fee (unless you qualify for a fee waiver as explained in this application). Pay by check or money order. Your cancelled check is your receipt. Debit or credit cards are <u>not</u> accepted.

INFORMATION and INSTRUCTIONS

US Citizenship/Lawful Presence (must be at least 19 years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by this office through the Department of Homeland Security.

Conviction Information:

If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. **You are required to list ALL convictions (regardless of when they occurred) on the application;** you are NOT required to list infractions, diversions, or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none">• MIP/ Tobacco Use by Minor• DUI / DWI / Open Container• Controlled Substance• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault / Prostitution• Disorderly Conduct / Disorderly House• Fail to Appear in Court	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• False Information or Reporting• Reckless Driving / Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions that are currently pending and result in a conviction** or license discipline, you are required to report such action to the Investigations Unit **within 30 days of the conviction or disciplinary action.**

Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

Proof of certification as a certified Behavior Analyst or Assistant Behavior Analyst:

Provide the following:

- Certification Level
- Certification Number
- Status of Certification
- Original Certification Date
- Expiration Date
- ASSISTANT BEHAVIOR ANALYST ONLY:** Name and Certification Number of Behavior Analyst providing oversight

Other State Credentialing Information: If you hold or have ever held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit:

Certification of each credential you hold/held be submitted to our office from the State Licensing Board(s) (even if that credential is no longer current).

Disciplinary Action: If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

Complete the Authorization For Release of Information: The Authorization For Release of Information must be completed thoroughly to allow the Department to conduct registry checks. The document is located at: <https://dhhs.ne.gov/licensure/Pages/Behavior-Analyst.aspx>

Licensing Fee: \$150 is required for Licensed Behavior Analysts. \$100 is required for Licensed Assistant Behavior Analysts. \$100 is required for a temporary 30-day license as a Temporary Licensed Behavior Analyst and Temporary Licensed Assistant Behavior Analyst.
Licensing Fee Waiver:

Effective January 1, 2020, if you meet one of the following waiver options, your certificate fee is waived:

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <https://dhhs.ne.gov/licensure/Documents/LowIncomeFeeWaiverTable.pdf> To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Licensing-Home-Page.aspx>

APPLICATION FOR LICENSED BEHAVIOR ANALYST AND LICENSED ASSISTANT BEHAVIOR ANALYST

Occupational Licensure Unit
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 Phone: 402-471-2117 / FAX: 402-742-1106 / E-Mail: dhhs.licensure2117@nebraska.gov

Mail this application to the address listed above.

You must complete all sections of this application

CERTIFICATE and FEES: Check the method by which you are applying for a certificate.

Licensed Behavior Analyst

Licensed Assistant Behavior Analyst

Temporary Behavior Analyst

Temporary Assistant Behavior Analyst

Temporary (only applies to Military Spouses) – no fee

Fee Waiver: If you meet one of the following fee waivers, your initial certificate fee **is waived**. Check only one waiver:

Young Worker: I am under 26 years old.

Low-income Individual:

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

Military Family: I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and unremarried surviving spouses of deceased service members of the armed services of the United States.

SECTION A: INFORMATION

1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Social Security Number (SSN):		

Neb. Rev. Stats. §§38-123 and 38-130 require you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #: <input type="checkbox"/> A#: <input type="checkbox"/> I-94 #	
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
6	Phone #:	Additional Phone #: (optional)*
	E-Mail Address:	
7	Have you ever been denied the right to take a license or certification examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
8	Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?	Yes <input type="checkbox"/> No <input type="checkbox"/> If checked yes and you are applying for a temporary certificate, you must include all documentation identified in the instructions.

SECTION B: DEGREES		
Name of College/University:		
Type of Degree Received:		Date of Degree:
Major:		

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

SECTION C: <u>Proof of certification as a Board Certified Behavior Analyst, Board Certified Behavior Analyst-Doctoral or Board Certified Assistant Behavior Analyst</u>		
Certification Level:	Certification Number:	
Status of Certification:	Original Certification Date:	Expiration Date:
DEPARTMENT USE ONLY ___ Confirmed ___ Not Confirmed	ASSISTANT BEHAVIOR ANALYST ONLY: Name and Certification Number of Board Certified Behavior Analyst providing supervision Name: _____ Certification Number: _____	

SECTION D: CONVICTION, CREDENTIAL, AND PRACTICE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); you are **NOT** required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:** <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

SECTION E: CREDENTIAL INFORMATION: The following questions relate to any credential that you currently **hold or have previously held** to practice any profession or occupation in a state/jurisdiction **other** than Nebraska.

1	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p style="color: red;">If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Occupational Licensure Unit.</p>				

SECTION F: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below): **I attest that:**

___ I am a citizen of the United States.

___ I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

___ I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

___ I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

I further attest that:

- I have read the application or have had the application read to me; and
- I am of good character and all statements on this application are true and complete.
- I am not listed as a perpetrator of abuse or neglect on the adult and child abuse and neglect registries from other states.
- If I am a Licensed Temporary Behavior Analyst and Licensed Temporary Assistant Behavior Analyst, I will not provide services for more than 30 days in Nebraska.

Print Name: _____

Signature: _____ Date: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Licensing-Home-Page.aspx>