Applied Behavior Analysis Form 2 (Check one)

☐ **Licensed Behavior Analyst**
☐ **Certified Behavior Analyst Assistant**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Certification of Professional Education

Applicant Instructions

1. Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application for Licensure/Certification (Form 1). Be sure to sign and date item 9.
2. Send this entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. **This form will not be accepted if submitted by the applicant. If** you completed a program that was **not registered** by the Department as licensure-qualifying at the time the degree requirements were met, be sure to request that institution to provide an official transcript or official marksheets, as well as course descriptions and/or syllabi for all courses, if available.

Section I: Applicant Information

1 **Social Security Number** ☐☐☐ ☐☐ ☐☐☐☐
(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** Month ☐☐ Day ☐☐ Year ☐☐

3 **Print Name Exactly as It Appears on Your Application for Licensure/Certification (Form 1)**

Last
First
Middle

4 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

5 **Telephone/E-Mail Address**

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

6 Print your name as it appears on your degree or diploma.

Name: _____

7 Institution attended: _____

Address: _____

8 Name of degree/certificate awarded: _____

Date degree/certificate awarded: _____ / _____ / _____
mo. day yr.

9 I request and give my permission to the institution listed in item 7 to complete Section II of this form and submit it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

_____ _____ / _____ / _____
Applicant's Signature *mo. day yr.*

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Parts A and B as appropriate. Complete Part C and return all pages of this form along with **any other required documentation** in an official institute envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

Name of applicant: _____
(Section I, item 5)

Part A - Documentation of the applicant's education: At the time the degree requirements were met, this program was (check one):

☐ **registered** as licensure-qualifying by the New York State Education Department.
☐ **not registered** as licensure-qualifying by the New York State Education Department*

***If the program was not registered as licensure-qualifying at the time the degree requirements were met, official transcripts or official marksheets giving courses completed by year and grades and a syllabus of the course of studies completed must be submitted along with this form.**

1. Date of the applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:

   Entrance date: _____ / _____ / _____ (mo. day yr.) ☐ Completion Date: _____ / _____ / _____ (mo. day yr.) ☐ Withdrawal date: _____ / _____ / _____ (mo. day yr.)

2. Type of program: ☐ Doctorate ☐ Master's ☐ Bachelor's ☐ Other (please specify): _____

   ☐ Advanced Certificate (held Master's/Doctoral degree upon entry) ☐ Advanced Certificate (held Bachelor's degree upon entry)

3. Inventory of Registered Programs (IRP) Program Code (for all New York State registered programs): ☐☐☐☐☐

4. Title of degree/certificate awarded: _____

   Date degree/certificate awarded: _____ / _____ / _____ (mo. day yr.)

Part B - Required Supervised Internship/Practicum: The applicant (check one):

☐ **Licensed Behavior Analyst** - Completed the required minimum of 150 hours of internship/practicum.
☐ **Certified Behavior Analyst Assistant** - Completed the required minimum of 100 hours of internship/practicum.

Total number of supervised internship/practicum hours completed as a required part of the program: _____

Name of the approved internship/practicum site: _____

Address of the approved internship/practicum site: _____

Dates of the approved internship/practicum: _____

Part C - Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature: _____ Date: _____ / _____ / _____ (mo. day yr.)

Print name: _____

Title or Official Position: _____

Institution: _____

Address: _____ **(SEAL)**

_____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Applied Behavior Analysis Unit, 89 Washington Avenue, Albany, NY 12234-1000.