MONTANA BOARD OF PSYCHOLOGISTS
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5773
EMAIL: **DLIBSDHELP@MT.GOV** WEBSITE: **PSY.MT.GOV**

INSTRUCTIONS FOR ASSISTANT BEHAVIOR ANALYST LICENSURE:

☐ **FEES:**

- Assistant Behavior Analyst licensure fee is $250.00. Please enclose your payment with your application.
- Fees are payable to the "Montana Board of Psychologists" by check, money order, or cashier's check.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

☐ **VERIFICATION OF CERTIFICATION OR LICENSURE:**

- The applicant is responsible for requesting official verification from each state for each assistant behavior analyst licensure or certification, and ALL professional licenses, regardless of status. The applicant is responsible for paying any fees required.
- Photocopies of licenses do not qualify as official verification and should not be included with your application.

☐ **FINGERPRINT BACKGROUND CHECK PROCESS**

Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for **$30.00** made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT
59620-1403. Please check with your local post office and add accurate postage prior to mailing.

If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and send a new fingerprint card for you to re submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.

Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Psychology. Your application will not be considered complete until the CHRI is received from the DOJ.

For information with regard to the processing of this application or other concerns please contact our Customer Service team at (406) 444-6880 or email us at DLIBSDHELP@MT.GOV.

REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE ON OUR WEBSITE:
PSY.MT.GOV

☐ **IMPORTANT INFORMATION FOR ALL APPLICANTS**

- A completed background check (see above and pages 7-9 of application.
- A copy of the completed supervision form identifying your licensed behavior analyst supervisor. The supervisor completes and submits the original form, with the supervision fee which the supervisor pays, to the Board's office. This form may be downloaded from the Board's website at PSY.MT.GOV
- The required original Letter of Good Standing sent directly to the Board office from the Behavior Analyst Certification Board (BACB) documenting applicant's passage of the assistant behavior analysis examination, current certification level, and date of certification, as well as disciplinary action(s), if any. This may be requested from the BACB's website. The BACB currently charges an additional fee for this service.
- All documents not in English must be accompanied by certified translations.
- It is critical to your licensure to not withhold any information regarding each question on the application.
- The applicant will be notified of any deficiencies in their application.
- It is the responsibility of the applicant to keep the board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address may be done by calling our Customer Service team at (406) 444-6880 or by emailing at DLIBSDHELP@MT.GOV.
- The practice of behavior analysis is governed by the Board's Statutes and Administrative Rules. The are found at PSY.MT.GOV, under the "Regulations" tab.
- Illegible and incomplete applications will be returned. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Psychologists.

☐ **RENEWAL:**

- All licenses expire on December 31 every year.
- All assistant behavior analysts licensed in MT must maintain proof of 10 continuing education credits, of which 1 hour must be ethics, obtained during each consecutive calendar year.
  - No continuing education is required for licensees licensed less than one full calendar year on their first reporting date.
  - All licensed assistant behavior analysts must submit affirmation of compliance to the board on each year's license renewal that they understand their duty to comply with the continuing education requirements for maintaining their license.

APPLICATION FOLLOWS

MONTANA BOARD OF PSYCHOLOGISTS
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-6880
EMAIL: dlibsdpsy@mt.gov **WEBSITE:** www.psy.mt.gov

Assistant Behavior Analyst - $250.00

Allow 30 business days from the date the Board office has received all required documentation for processing a routine application.

PLEASE PRINT OR TYPE

1. FULL NAME: _____
   Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME _____
4. BUSINESS ADDRESS _____
   Street or PO Box # City and State Zip
5. HOME ADDRESS _____
   Street or PO Box # City and State Zip

   PREFERRED MAILING ADDRESS
   BUSINESS HOME EMAIL ADDRESS _____
6. BUSINESS PHONE _____ HOME PHONE _____ FAX _____
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ◯ MALE ◯ FEMALE
9. LICENSE NAME: _____
   (State your name as it should appear on the license if granted.)
10. List all professional licenses or certificates you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory. Failure to list any past assistant behavior analyst license or certification constitutes a falsification of your application and will result in a declined status of your application and/or disciplinary action.

State	License/Certificate #	Issue Date	Expiration Date	Requested State Verification
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No

PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE

• Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. *See,* 37-1-105, MCA.

• You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.

• Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? ◯ Yes ◯ No
2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? ◯ Yes ◯ No
3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? ◯ Yes ◯ No
4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? ◯ Yes ◯ No
5. Have you ever withdrawn an application for any professional license? ◯ Yes ◯ No
6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? ◯ Yes ◯ No
7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) ◯ Yes ◯ No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? ◯ Yes ◯ No
9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? ◯ Yes ◯ No

The following information is provided for Question 10 below.

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? ◯ Yes ◯ No
11. Are you now subject to criminal prosecution or pending criminal charges? ◯ Yes ◯ No
12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? ◯ Yes ◯ No
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? ◯ Yes ◯ No
14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? ◯ Yes ◯ No
15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? ◯ Yes ◯ No
16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? ◯ Yes ◯ No
17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? ◯ Yes ◯ No
18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? ◯ Yes ◯ No

11. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first).

Degree	Date Received	Institution	Major	Minor(s)

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Psychologists. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant _____ Date _____

Montana Department of LABOR & INDUSTRY

INSTRUCTIONS TO OBTAIN FINGERPRINT BACKGROUND CHECK

Carefully read and follow the steps **in the order specified** below:

1. **Submit a license application to the BSD online or by paper and an application fee. The application includes an *Applicant Rights & Consent to Fingerprint Notice*.** This form authorizes our agency to receive and review your fingerprint background check results. **Any fingerprint background check results received without your acknowledgement of receipt of an *Applicant Rights & Consent* Notice (acknowledged received if online or signed and returned to us if on paper) may be discarded.**
2. You may continue to work on completing your application while the results are processed (e.g., forwarding transcripts or verifications) but if you have not completed your application within six months after our receipt of the results, you will be required to resubmit your fingerprints to obtain a current background check results.
3. You have two options to have your fingerprints captured:

   Option 1 – Local Law Enforcement Agency (estimated time to send results to the Board or Program **4 to 8 weeks**) **- OR -**

   Option 2 – Montana Department of Justice (MDOJ), Division of Criminal Investigations-Criminal Records in Helena, Montana, (406) 444-3625. (Estimated time to send results to the Board or Program **3 to 5 business days**).

   2225 Eleventh Avenue
   PO Box 201403
   Helena, MT 59620
   Email: dojcriss@mt.gov
4. Contact the law enforcement agency in advance to ask if it performs non-criminal fingerprinting and if so, the need for an appointment, forms of acceptable identification, hours of operation, cost, and methods of payment. Find out if the agency will supply the appropriate Fingerprint Card (Form FD258 rev. 5-15-17) or if you need to obtain the card from MDOJ prior to arriving.
5. You *may* be charged a fee to capture each set of your fingerprints. This fee is in addition to the processing fee paid to MDOJ to run the background check.
6. Provide the technician with a government-issued, photograph identification to prove your identity.
7. **IMPORTANT**: Provide the technician a copy of a Fingerprint Card Example for the license type you are applying for that contains information ***unique to your license type.*** The fingerprint card must have all fields correctly filled out to be accepted by the MDOJ.

8. Request the technician to capture your fingerprints TWICE and create TWO fingerprint cards to help avoid unnecessary delay due to rejection of poor quality prints. This is especially important if your fingerprints are ink-rolled.
9. If using a Local Law Enforcement Agency, you must mail the completed Fingerprint Card in a manila envelope with the correct amount of postage and a check or money order made payable to the "Montana Department of Justice" in the amount of **$30.00** to:

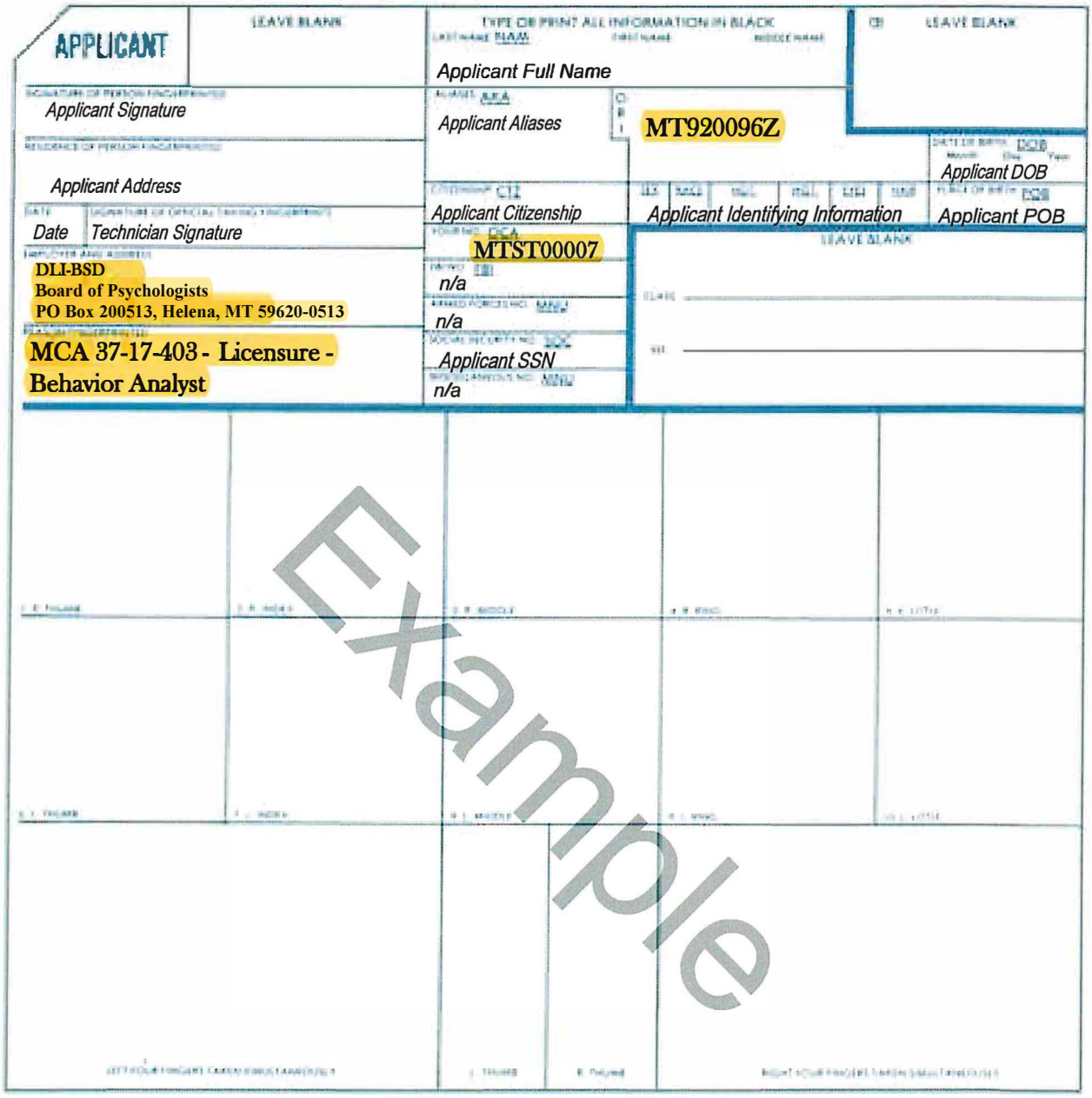
    Montana Criminal Records
    2225 Eleventh Avenue
    PO Box 201403
    Helena, MT 59620

    Please do NOT fold or staple the fingerprint card. Please do NOT upload the fingerprint card to your online account with the Department of Labor & Industry, Business Standards Division.
10. You will be notified to take corrective action if your fingerprint card is rejected as "unreadable," is not accompanied by proper payment, or is incomplete. A second rejection of a fingerprint card as "unreadable" will require BSD to conduct a name-based search, resulting in additional processing time.
11. Once a fingerprint card or name-based search is processed, the resulting criminal history (aka "Identity History Summary") result will be sent directly to the Board in care of the Business Standards Division. If there is a conviction or convictions that require Board review, we will notify you.
12. Notice of your privacy rights and procedures for obtaining a change, correction, or updating of an Identity History Summary are provided to you separately in the *Applicant Rights & Consent to Fingerprint Notice*.

End of Instructions

Fingerprint Card Example

Provide this example to the technician capturing your fingerprints. All requested fields must be completed legibly, including the highlighted information specific to your license application type. Incomplete cards will not be processed and will be mailed back to the applicant's listed address. All fingers need to be in the correct position and rolled. For assistance, call Montana Criminal Records at (406) 444-3625.



Montana Department of LABOR & INDUSTRY

APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Business Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

"Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety." *Eff.* 03/30/2018

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant Signature: _____ Date: _____

Applicant Name: _____
Please Print Legibly

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.