

Board of Psychologists
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

RENEWAL APPLICATION

License No

Check For New Address.
Indicate any changes below.

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Your Montana Behavior Analyst Supervision license will expire on December 31. In order to renew your Behavioral Analyst Supervision license:

- 1) Complete and sign the renewal application.
- 2) Submit a check or money order for \$25.00 per assistant behavior analyst, behavior technician and student intern supervised made payable to the Board of Psychologists. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 3) Renewals with a U.S. Postal Service postmark after December 31 will be assessed a penalty fee by state law of \$25.00 per supervisee, for a total amount of \$50.00 per assistant behavior analyst, behavior technician and student intern supervised. NO EXCEPTIONS!
- 4) Return the renewal application and fee to the Board office postmarked by December 31. Incomplete renewal applications will not be processed, will be returned, and may be subject to a penalty fee if not received in the board office completed and postmarked by December 31.

SUPERVISING BEHAVIOR ANALYST INFORMATION:

FULL NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ LICENSE NUMBER: _____

BACB REG. # _____

BEHAVIOR TECHNICIAN, STUDENT INTERN OR ASSISTANT BEHAVIORAL ANALYST SUPERVISEES:

1. FULL NAME: _____
Last First Middle

Behavior Technician Student Intern BCaBA

2. FULL NAME: _____
Last First Middle

Behavior Technician Student Intern BCaBA

3. FULL NAME: _____
Last First Middle

Behavior Technician Student Intern BCaBA

4. FULL NAME: _____
Last First Middle

Behavior Technician Student Intern BCaBA

5. FULL NAME: _____
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11. FULL NAME: _____
Last First Middle
Behavior Technician Student Intern BCaBA

12. FULL NAME: _____
Last First Middle
Behavior Technician Student Intern BCaBA

13. FULL NAME: _____
Last First Middle
Behavior Technician Student Intern BCaBA

14. FULL NAME: _____
Last First Middle
Behavior Technician Student Intern BCaBA

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your Signature: _____ Date: _____

DO NOT SEND CASH