



ALTERNATIVE COMMUNITY SERVICES WAIVER LICENSURE APPLICATION BEHAVIOR ANALYST

1. Full Legal Name of Individual Applicant: _____
2. Mailing Address: _____
3. Physical Address: _____
4. Telephone: _____ Fax: _____
5. E-mail: _____
6. Social Security Number: _____
7. Federal Employer Identification Number (EIN): _____
8. Date of Application: _____
(DD/MM/YY)
9. Dates of Yearly Operation: _____ To: _____
(DD/MM/YY) (DD/MM/YY)

SERVICE TO BE OFFERED:

Behavior Analyst

The following items shall be attached to this application:

- A. Program Description that must include:
 1. mission statement;
 2. service description;
 3. admission criteria;
 4. transition, discharge and exit criteria
- B. Copy of Notification of Assignment of Federal EIN
- C. Notarized copy of the certificate issued by the Behavioral Analysts Certification Board
- D. Original Adult Abuse Registry Check Results
- E. Original Child Abuse Registry Check Results
- F. Copy of Social Security Card
- G. Copy of Current Driver's License
- H. DDS Determination Letter for Applicant's AR State Criminal Background Check
- I. DDS Determination Letter for Applicant's FBI Criminal Background Check (*when applicable*)

Failure to provide any of the referenced documents may result in denial of the application.

Arkansas Code Annotated §20-48-201 et.seq. provides for the inspection and certification of organizations providing services for people with developmental disabilities. Arkansas Act 1070 of 2011 delineates the requirements necessary for persons to become licensed by the Division of Developmental Disabilities Services as a Behavioral Analyst. DDS Standards ACS Waiver Services have been promulgated in accordance with Arkansas Code Annotated §25-15-201 et.seq.

Signature

Name (Print)

Date