

## **Instructions for the Application for Behavior Analyst**

1. Full legal name of the individual applying for the license.
2. Mailing address for the individual.
3. Physical address if different from the mailing address.
4. Telephone number and fax number for the individual applying for the license.
5. E-mail address for the individual applying for the license.
6. Social Security Number for the individual applying for the license.
7. Federal Employer Identification Number (EIN) assigned by IRS.
8. The date the application is submitted to DDS.
9. Services must be provided throughout the year.
  - A. The applicant must compose a program description to include: the mission statement, description of the service, and the admission, transition, discharge and exit criteria.
  - B. Copy of the 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. Applicant must complete form APS-0001 and submit it to the Adult Protective Services.  
<http://humanservices.arkansas.gov/dcf/Pages/old%20dcfsForms.aspx>
  - E. Original Child Abuse Registry Check results. Applicant must complete form CFS-316 and submit it to Child Maltreatment Central Registry.  
<http://humanservices.arkansas.gov/dcf/Pages/old%20dcfsForms.aspx>
  - F. Copy of applicant's Social Security Card.

- G.** Copy of applicant's current driver's license. (Any state is acceptable)
- H.** Copy of DDS Determination Letter for the applicant's AR State Criminal Background check. Applicant must complete for DDS-5088. For "Type of Provider" mark "Other: New Provider Applicant."  
[http://humanservices.arkansas.gov/ddds/ddds\\_docs/standards\\_for\\_conducting\\_CRC\\_DD\\_providers.pdf](http://humanservices.arkansas.gov/ddds/ddds_docs/standards_for_conducting_CRC_DD_providers.pdf) (page 13)
- 1.If the applicant has not lived in Arkansas continuously for five years prior to the date of application, proceed to I.
- I.** Copy of DDS Determination Letter for the applicant's FBI Criminal Background check. Applicant must complete for DDS-5088. For "Type of Provider" mark "Other: New Provider Applicant."  
[http://humanservices.arkansas.gov/ddds/ddds\\_docs/standards\\_for\\_conducting\\_CRC\\_DD\\_providers.pdf](http://humanservices.arkansas.gov/ddds/ddds_docs/standards_for_conducting_CRC_DD_providers.pdf) (page 13)
- 1.An FBI check is **not** required if the applicant has lived in Arkansas for more than five years prior to the date of application. Verification can be established by submitting:
- |                                 |                                  |
|---------------------------------|----------------------------------|
| <b>a.</b> employment records;   | <b>e.</b> house payment records; |
| <b>b.</b> payroll check stubs;  | <b>f.</b> utilities bills or;    |
| <b>c.</b> tax records;          | <b>g.</b> school records         |
| <b>d.</b> rent payment records; |                                  |

Return the completed application and all requested documents to:

Clark County Department of Human Services  
ATTN: Jan Jones  
P.O. Box 969  
Arkadelphia, AR 71923