

**Instructions and Information for Applicants
Certified Ohio Behavior Analysts (COBA)
Ohio Board of Psychology
Update July 31, 2015**

- ❖ **\$125 APPLICATION/INITIAL CERTIFICATE FEE—PAYABLE TO “STATE TREASURER” BY CHECK OR MONEY ORDER.**
- ❖ **NOTARIZED APPLICATION FOR CERTIFICATION.** Complete the application form PSY COBA-APP-1. Incomplete applications are not processed and will be returned for completion. Do not submit a resume/vita.
- ❖ **THREE REFERENCE LETTERS.** Distribute the reference letter request form. Three (3) letters of reference (at a minimum as determined by the Board from individuals substantially familiar with the applicant’s professional conduct, competencies, and personal character. *The letters shall be sent directly to the Board office and shall come from: (a) A certified Ohio behavior analyst; (b) A board certified behavior analyst in good standing certified by the behavior analyst certification board; (c) A psychologist or school psychologist licensed by a state or provincial board of psychology; or (d) A professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757 of the Revised Code.*
- ❖ **BCBA OR STATE LICENSE/CERTIFICATION VERIFICATION.** Board staff will verify on the website of the BACB or its successor organization that the applicant holds a current, valid certificate as a Board Certified Behavior Analyst; OR direct to the Board official verification of state license or certification in ABA; OR determination by Psychology Board that the applicant has met the equivalent requirements pursuant to criteria set forth in paragraph (1)(a) of rule 4783-4-01 of the Administrative Code.
- ❖ **PHOTOGRAPH.** A recent photograph of the applicant only is required for Board records.
- ❖ **CRIMINAL BACKGROUND CHECK.** Applicants are required to complete a criminal background check satisfactory to the Psychology Board pursuant to state law governing all occupational professionals. See enclosure or Board website under “ABA Certification” for instructions and requirements.
- ❖ **SIGNED RECEIPT OF ORC 4783 AND OAC 4783.** Applicants must submit a signed receipt for the laws and rules governing COBA’s, acknowledging that the laws and rules will be studied prior to participation in a pre-certification laws and rules (“jurisprudence”) workshop.
- ❖ **JURISPRUDENCE WORKSHOP AND EXAMINATION.** The applicant shall attend a workshop on the laws and rules governing COBA’s and shall pass a post-workshop written examination.
- ❖ **APPLICATION VALID FOR THREE YEARS.** The application for certification shall be deemed to lapse if the applicant has not successfully completed all requirements for certification within three years after receipt of the application form. Thereafter, a new application and fee is necessary for a candidate to pursue certification.

Application for Certification as a Certified Ohio Behavior Analyst

State Board of Psychology of Ohio
77 South High Street – Suite 1830
Columbus, OH 43215-6108
psy.dir@psy.ohio.gov
(614) 466-8808

Application/certification files, except for social security number, are public records available to anyone on request.
Applications are valid for three years after date received by the Board.

Identifying Information

Applicant Name _____
Last First Middle Maiden

Social Security # (required) _____ - _____ - _____ Sex M F

Birth Date _____ Age _____ Birthplace _____

Name as to appear on certificate, if certification awarded: _____

Email address _____

Please indicate your preferred mailing address for use by the Board: Business Home

Business/Agency _____

Street Address _____

City _____ State _____ ZIP + 4 _____ - _____ County _____

Business phone (_____) _____ - _____ Extension _____

[Optional]
Home Address _____

City _____ State _____ ZIP + 4 _____ - _____ County _____

Home phone (_____) _____ - _____

Professional Qualifications

Please indicate your credentials:

BCBA: Number _____ Date Issued: _____ Expiration _____

Other: _____

Education

All applicants please list your academic degrees below.

Your **graduate** transcript(s) evidencing the master's degree doctorate (and doctoral degree if applicable) must be sent directly to Board office by the university.

<u>Institution</u>	<u>Department</u>	<u>Degree</u>	<u>Date</u>	<u>Major</u>

Experience and Training in Applied Behavior Analysis

Please provide a complete list of **all** relevant supervised training and work experience. **Please do not skip this section or provide a vita in lieu of completing this section.** Photocopy and use additional page(s) if necessary.

_____ to _____						
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP
_____ Hrs/Week worked(average number, not a range)		Your Position/Title _____				
_____ Supervisor Name			_____ Degree	_____ Certification or License		
Describe your activities and responsibilities:						Average Hours/Week
1. _____						
2. _____						
3. _____						



_____ to _____						
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP
_____ Hrs/Week worked(average number, not a range)		Your Position/Title _____				
_____ Supervisor Name			_____ Degree	_____ Certification or License		
Describe your activities and responsibilities:						Average Hours/Week
1. _____						
2. _____						
3. _____						

_____	to	_____	_____	_____	_____	_____
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP
_____		Hrs/Week worked(average number, not a range)		Your Position/Title _____		
_____		_____	_____	_____		
Supervisor Name		Degree	Certification or License			
Describe your activities and responsibilities:					Average Hours/Week	
1. _____						
2. _____						
3. _____						



_____	to	_____	_____	_____	_____	_____
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP
_____		Hrs/Week worked(average number, not a range)		Your Position/Title _____		
_____		_____	_____	_____		
Supervisor Name		Degree	Certification or License			
Describe your activities and responsibilities:					Average Hours/Week	
1. _____						
2. _____						
3. _____						

Copy this page to list all experiences as needed

Professional References

List three qualified professionals who are familiar with your recent personal and professional background.

Name	Degree/certification	Telephone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional, Ethical, and Legal Conduct

Have you ever been charged with unethical behavior or unprofessional conduct by any licensing/certification board or professional association? No Yes* (*If Yes, please provide details on separate page)

Have you ever pled guilty to or been convicted of a felony or any misdemeanor other than minor traffic offenses in a court in this or any other state or in a federal court? No Yes* (*If Yes, please provide details on separate page)

Have you ever offered/rendered services as a psychologist or school psychologist or otherwise engaged in the practice of psychology or school psychology on or after 12/1/72, in the state of Ohio, for compensation or other personal gain without being licensed to do so by the State Board of Psychology? See OH Rev Code sec 4732.21 (A)

No Yes* (*If Yes, please provide details on separate page)

Have you ever applied in Ohio or another jurisdiction (state/province/country) for a license or certification in applied behavior analysis, psychology, school psychology, or any other profession?

No Yes

If Yes, state/jurisdiction: _____ License/Certification _____ Approved? Yes No*

*If not approved, explain: _____

If Yes, state/jurisdiction: _____ License/Certification _____ Approved? Yes No*

*If not approved, explain: _____

If Yes, state/jurisdiction: _____ License/Certification _____ Approved? Yes No*

*If not approved, explain: _____

Have you ever applied for membership in, or certification/approval by, any professional association or society, such as the Association for Behavior Analysis International, the Association of Professional Behavior Analysts, the American Psychological Association, a state professional association or other professional organization?

No Yes

If yes, list organization(s): _____ Approved? Yes No*

If yes, list organization(s): _____ Approved? Yes No*

If yes, list organization(s): _____ Approved? Yes No*

*If No, explain: _____

Have you ever voluntarily surrendered any professional license or certificate or had any professional license, certificate, or membership revoked, suspended, or limited by disciplinary action or been called before any board or its agent for disciplinary reasons?

No Yes* (*If Yes, please provide details on separate page)

Statement of Understanding/Notarization

I understand that making false statements or giving untruthful answers constitutes "using fraud or deceit in the procurement of the certificate" and may subject me to Board action pursuant to Revised Code sec. 4783.09. I hereby consent to the release to the Ohio Board of Psychology ("Board") any documents or information considered by the Board to be relevant to certification. This release pertains to any person or body including, but not limited to, any school, college, university, regulatory body or jurisdiction, place of employment, government agency in or out of Ohio, professional association or board, physician, certified Ohio behavior Analysts, board certified behavior analyst, psychologist, or other mental health professional, or law enforcement agency or other person. I also consent to the release of my social security number. **Social Security number must be collected** by the Board pursuant to state law (ORC 3123.50) and federal law (42 U.S.C. sec. 666) for purposes of child support enforcement. It may also be used for reporting adverse actions to the federal National Practitioner Data Bank (45C.F.R pt. 60).

Signature of Applicant _____

State of Ohio (or other jurisdiction), (applicant) _____, being first duly sworn, according to law, deposes and says that the statements, above, and the answers made as part of the foregoing application are true.

Sworn to before me, subscribed in my presence this ____ day of _____, 20____

Notary Public
My Commission Expires:

NOTARY SEAL

(Explain if notary seal is not used in notary's jurisdiction)

Please remember...

- ___ Sign your completed application and have it notarized (do not include resume or vita)
- ___ \$125 application/license fee payable to *Treasure of State*
- ___ Include a recent photograph for identification
- ___ Complete a criminal background check (valid for one year) in accord with requirements outlined at www.psychology.ohio.gov
- ___ Distribute the COBA reference letter request form and arrange for the Board to receive at least three letters of reference from qualified individuals (see instructions on request form)
- ___ Mail application and fee to:

Ohio Board of Psychology
77 South High Street –Suite 1830
Columbus, OH 43215-6108