

***Application and Instructions
Certified Ohio Behavior Analysts (COBA)***

*Ohio Board of Psychology
77 S. High St. 18TH floor
Columbus, OH 43215-6108*

COBA Application and Certification FAQ's

Please read these questions and answers before applying

Question: What is required to complete my file before I can be registered for a pre-certification workshop/exam?

Answer:

- 1) Application. Complete the application, have it notarized, and mail it to the Ohio Board of Psychology office with a check for \$125 payable to "State Treasurer" and a recent photograph.
- 2) Receipt for the workshop. Print, sign, and send to the Board the receipt for the pre-certification workshop laws and rules manual. This can be mailed with the application, fee, and photo or faxed (614-728-7081) or emailed to the Executive Director at psy.dir@psy.ohio.gov.
- 3) Three letters of reference. Distribute the reference letter request form to at least three (3) qualified references. Letters need to be mailed or faxed (614-728-7081) from the author to the Board. Letters may also be emailed from the author to psy.dir@psy.ohio.gov. Letters must 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.

Question: Do I need to submit an academic transcript or proof of supervised experience?

Answer: No, assuming that your BCBA is active.

Question: Is there a deadline prior to the workshop date to complete my file?

Answer:

Yes. All materials must be signed off by the Executive Director three days prior to the scheduled workshop.

Question: How do I know if my application materials have been received?

Answer:

After mailing the application, sending the receipt, and requesting your letters of reference please allow 7-10 business days before inquiring (if you have not heard from us). Email psy.sup@psy.ohio.gov and copy psy.dir@psy.ohio.gov. Please allow 2-3 days for us to review your file and reply to your email.

Question: Can I be admitted to the workshop/exam before the Board receives the results of my criminal background check?

Answer:

Yes. You can be admitted to the pre-certification workshop/exam before we receive your background check results, but the COBA certificate cannot be issued until we receive satisfactory results from the background check. To be safe, please allow 30 days between the fingerprinting and our receipt of your results.

Question: Does the Board staff verify my BCBA?

Answer:

Yes. Board staff will verify on the website of the BACB that you have a current, valid certificate as a Board Certified Behavior Analyst.

Question: How will I know that I'm eligible to be scheduled for a pre-certification workshop/exam?

Answer:

After all of your required application materials are signed off by the Executive Director, a staff member will email you to confirm registration for the workshop/exam. Be sure to include your email address on your application.

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

Please list your academic degrees and other organized course sequences below.

<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. _____

Mo/Yr	to 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. _____						



Mo/Yr	to 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**