



Ohio Board of Psychology

2016-2018 COBA BIENNIAL REGISTRATION INSTRUCTIONS

PURSUANT TO ORC § 149.43, STATE BOARD OF PSYCHOLOGY RENEWAL FORMS AND THE INFORMATION THEREON, AFTER REDACTION OF SSN, ARE SUBJECT TO DISCLOSURE AS PUBLIC RECORDS.

A. COMPLETE THE TWO-PAGE REGISTRATION/RENEWAL FORM

- ① **IDENTIFYING INFORMATION.** Be certain to provide your COBA number.
- ② **RENEWAL OPTION AND FEE.** Please select the appropriate box.
- ③ **CE REQUIREMENT.** Check the appropriate box indicating the number of hours that you are required to have reported to the Board by the BACB. Contact the Board immediately if your BCBA has lapsed and you need to make an alternate CE reporting arrangement.
- ④ **CRIMINAL/ETHICAL CONDUCT.** Please complete both items, and provide any details on a separate page. Staple any correspondence to the renewal form.
- ⑤ **SIGNATURE/ATTESTATION.** Sign and date the form.

B. PLEASE CAREFULLY NOTE THE FOLLOWING

Before August 31, 2016, make sure that your COBA CE requirements are registered/uploaded with the BACB for reporting to the Ohio Board. The Board will receive CE reports from the BACB around July 15, August 15, and September 15. If we do not receive a CE report showing compliance with Ohio rules, the COBA will expire. The final postmark deadline for your form and fee is September 30, 2016 or the COBA will expire. Processes to reinstate the expired COBA will be announced after that date. Missing the CE deadline or registration deadline requires payment of the \$50 penalty set in law. Incomplete forms may be returned and not processed. Please contact the Board immediately if you are allowing the BCBA to expire and you need to make an alternate CE reporting arrangement.

REMIT 2 ITEMS DIRECTLY TO THE OHIO BOARD:

**OHIO BOARD OF PSYCHOLOGY
77 S. HIGH ST., 18TH FLOOR
COLUMBUS, OH 43215-6108**

- 1) COMPLETED, SIGNED 2016-2018 COBA REGISTRATION FORM
- 2) \$150 BY CHECK OR MONEY ORDER PAYABLE TO: *STATE TREASURER*

PLEASE NOTE: THE BOARD'S DATABASE IS NOT YET SET UP TO ACCEPT CREDIT CARD PAYMENTS FOR COBA RENEWAL.



Ohio Board of Psychology

2016-2018 COBA REGISTRATION

THIS IS A TWO-PAGE FORM

Please print clearly

COBA certificates not registered biannually in accord with deadlines and procedures in law will expire on September 30, 2016. Complete this form and submit with a check or money order for \$150 payable to "State Treasurer" to:

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

Please complete the form in its entirety and include your COBA number on your check or money order. Complete your CE by the August 31, 2016 deadline and please give us 30 days to get your updated card in the mail.

① IDENTIFYING INFORMATION

Name: _____ COBA number: _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

(_____) _____
Telephone

(_____) _____
Cell Phone (if different)

Email: _____

② RENEWAL OPTION AND FEE

- Renew COBA (\$150 payable to "State Treasurer")
- Renew as Active Duty in the U.S. Armed Forces [Fee and MCE waiver per OAC § 4783-1-03]
(Please attach documentation/deployment orders)

③ CONTINUING EDUCATION REQUIREMENT

The State Board will collect CE compliance information from the BACB. I acknowledge the requirement (ORC § 4783.05) to complete qualifying CE in ABA completed between 9/1/14-8/31/16 (includes 4 hours in ethics; professional conduct; and/or cultural competence) as follows:

- 23 CE hours required (COBA issued before 10/1/14)
- 13 CE hours required (COBA issued between 10/1/14 and 9/30/15)
- No CE required to renew (COBA issued between 10/1/15 and 12/31/15)

④ CRIMINAL/ETHICAL CONDUCT

During the past five years have you been the subject of any formal regulatory or disciplinary action, whether by agreement or adjudication, regarding your suitability to be licensed, certified, or registered or have you been denied professional licensure, certification or registration by any other credentialing body (including but not limited to the BACB)?

NO YES

Are criminal charges currently pending or, during the past five years, have you been convicted of, or pled guilty or no contest to, violating any municipal, state or federal law other than minor traffic offenses?

NO YES

If "YES" on either of the above two questions, attach details on separate page, including the name and contact information of any relevant agency/court.

⑤ SIGNATURE/ATTESTATION

By signature hereon, I attest that all information on this form is true to the best of my knowledge. I also authorize all professionals, government entities, educational institutions, professional associations, and past or present business or professional employers or associates to release to the Ohio Board of Psychology any information necessary to verify the information set forth on this registration or which is related to any questions above answered "Yes." I also consent to the release of my Social Security Number (SSN), which must be collected by the Board pursuant to 42 U.S.C. sec. 1320a-7e (b), 5 U.S.C. section 552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Services' National Practitioner Data Bank. I further understand that the provision of my SSN is mandatory for child support enforcement purposes, pursuant to R.C. 3123.5.

Printed Name _____

Signature _____

Last four of SSN _____

Date _____

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