

OHIO BOARD OF PSYCHOLOGY
2016-2018 APPLICATION
TO REINSTATE EXPIRED COBA CERTIFICATE
Please print clearly

IDENTIFYING INFORMATION

NAME: _____

COBA NUMBER: _____

EMAIL: _____

CONTACT INFORMATION

Preferred address for Board correspondence:

Number and Street Address

City State ZIP

(_____) _____
Telephone

SECONDARY ADDRESS [LIST YOUR PRIMARY BUSINESS ADDRESS IF YOUR HOME IS YOUR PREFERRED MAILING ADDRESS].

N/A

Number and Street Address

City State ZIP

(_____) _____
Telephone

REINSTATEMENT FEES DUE BY CHECK/MONEY ORDER

\$200 (\$150 renewal plus \$50 reinstatement penalty)

Active Duty in U.S. Armed Forces (**No fee or MCE**) Please attach documentation/deployment orders.

CONTINUING EDUCATION

I acknowledge the requirement to upload into the BCBA gateway CE certificates to show compliance with Ohio's COBA requirements **completed after 9/1/14** (includes 4 hours in ethics and/r cultural competence), and that reinstatement is contingent on a report from the BACB of compliance with:

23 CE hours (COBA issued before 10/1/14)

13 CE hours (COBA issued between 10/1/14 and 9/30/15)

No MCE required (COBA issued after 9/30/15 or Active Duty)

CRIMINAL/ETHICAL CONDUCT

a) During the past five years have you been the subject of any formal regulatory or disciplinary action, whether by agreement or adjudication (other than by this Board), 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 the BACB)? NO YES

b) 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 a separate page, including the agency/court and state/province and address/telephone number of the appropriate clerk of court.

SIGNATURE/SOCIAL SECURITY NUMBER

By signature hereon, I affirm that all information on this form is true to the best of my knowledge. I also authorize all government entities, educational institutions, professional associations, and past or present business or professional employers or associates to release to the State Board of Psychology any information necessary to verify the information set forth in this registration or which is related to any questions in Section 8 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. sec 552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Services' Healthcare Integrity and Protection Data Bank. I understand that provision of my SSN is mandatory for child support enforcement purposes, pursuant to R.C. 3123.5.

SIGNATURE _____

SSN (LAST FOUR) _____

DATE _____

The COBA renewal and reinstatement requirements are governed under state law and administrative rules:

ORC § 4783.05
OAC § 4783-1-02
OAC § 4783-1-03

MAIL THIS COMPLETED FORM AND CHECK/MONEY ORDER PAYABLE TO "STATE TREASURER" TO:

OHIO BOARD OF PSYCHOLOGY
77 S. HIGH ST., STE 1830
COLUMBUS, OH 43215-6108