To the Applicant: Complete this side of the form and the top portion of the other side of this form and forward one to each state where you hold or have held a licensure to practice Applied Behavior Analysis.

To: __________________________________________________________________________

Name of State Board you were/are licensed as a Behavior Analyst

I am applying for a license in South Dakota to practice Applied Behavior Analysis

I was granted license #_____________ by the State of _____________________________.

My level of licensure is/was:

☐ Board Certified Behavior Analyst (BCBA)

☐ Board Certified Behavior Analyst – Doctorial (BCBA-D)

☐ Board Certified Assistant Behavior Analyst (BCaBA) Note: this level of licensure is not available in South Dakota

The South Dakota Board of Examiners for Social Work, overseeing Applied Behavior Analysis, request that I submit verification that my license is or was in good standing at the time of licensure. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Examiners for Social Work. A timely response is appreciated.

Applicant Name:____________________________

(Printed Name)

Applicant Signature: _________________________

Date: __________________

(mm/dd/yyyy)
VERIFICATION OF LICENSE IN OTHER STATE
SOUTH DAKOTA BOARD OF EXAMINERS FOR SOCIAL WORK
OVERSEEING APPLIED BEHAVIOR ANALYSIS
810 North Main #298
Spearfish, SD 57783
(605) 642-1600

To the Applicant: Complete the top portion and back of this form and forward to the licensing authority/regulatory board in each state in which you were previously licensed or are currently licensed.

Full Name: ____________________________________________________________________
(Last Name)  (First Name)                (M.I)  (Maiden)

Mailing Address: ____________________________________________________________
(Street or P.O. Box)  (City)  (State)  (Zip)

License/Certificate No._____________ Date Issued: ______________Date Exp: ___________

To the Licensing authority/regulatory Board: Please provide the information requested below and return directly to the Board address indicated at the top of the page. Please affix a board seal to this form.

1. The above individual is/was licensed and was granted State License Number: ______________

2. Level of Licensure: ________________

3. Original Issue Date: ________________

4. Expiration Date: ________________

5. Were there any complaints or disciplinary actions against the license?   Yes  No  
   If yes, please provide an explanation. Attach a separate sheet if necessary.
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

6. Licensure was granted based on (please select one):
   □ Written Examination (state)   □ Reciprocity with ____________________
   □ BACB Certification   □ Practicum   □ Other (please explain)
   ______________________________________________________________________________________
   ______________________________________________________________________________________

Printed Name of Board Representative   Signature of Board Representative
__________________
Date (mm/dd/yyyy)

Board Address: ____________________________________________________________
(Mailing Address)                             (City)                    (State)            (Zip)
Board Telephone #: (____) _________________  Board Fax #: (____) _________________