

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 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)

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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 #: (____) _____