

Application for Relicensure

Behavior Analyst License South Dakota Board of Social Work Examiners

810 N. Main Street #298
Spearfish, SD 57783
605-642-1600

<http://dss.sd.gov/licensingboards/social.aspx>

For Board Use Only

Date Received: _____

\$_____ CK# _____

Approved By: _____

Relicensure Period: _____

BACB Certification _____

Instructions for Relicensure:

1. Applicants seeking relicensure must complete this form and pay the renewal fee via check or money order. Please make checks payable to the SD Board of Social Work.
2. Renewal fee is \$300
3. If not renewing, please notify the Board as soon as possible by completing the renewal form to the point of "I Will Not Be Renewing" and return to the Board office.
4. Applicants who fail to renew their license within 180 days from the date of expiration will be required to reapply for licensure and all applicable fees will apply per ARSD 20:85:01:05

South Dakota License Number: _____ SSN: : _____

Applicant's Name: _____
(Last) (First) (Middle) (Maiden)

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

Home Telephone: (_____) _____ Cell Number: (_____) _____

Email Address (Optional): _____

() **The above is an address change**

() **I WILL NOT be renewing.** Please return form to the board office with the above information completed.

Employer Name: _____

Employer Telephone Number: (_____) _____

Employer Address: _____
(Street and PO Box) (City) (State) (Zip)

I am employed: Full-Time Part-Time

Do you have current BACB certification? Yes No * Current certification in good standing by the BACB is required for licensure.

Since the date of issuance of your last renewal or initial application for a SD Behavior Analyst	Yes	No
1. Have you been convicted of a crime other than a misdemeanor traffic offense? If yes, on a separate sheet please provide complete details.		
2. Has any State Board of Examiners or any professional organization determined that you committed unprofessional conduct? If yes, on a separate sheet please provide complete details.		
3. To your knowledge, has a complaint ever been filed against you, or a company owned by you, with the BACB Board of Ethics or any other state licensure board? If yes, on a separate sheet provide complete details including copies of the court's judgment and any written decisions in the case.		
4. Have you ever been disciplined by the Behavior Analyst Certification Board (BACB) or by any other professional association? If yes, on a separate sheet provide complete details.		
5. Has any state rejected your application, suspended or revoked your professional license or certificate? If yes, on a separate sheet provide complete details.		
6. SDCL 25-A-56 prohibits the issuance of a license of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support?		

I hereby apply for Behavior Analyst licensure renewal with the state of South Dakota Board of Social Work Examiners. I declare and affirm under the penalties of perjury that this renewal application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

(Signature)

Date (mm/dd/yyyy)