

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR BEHAVIOR ANALYST LICENSURE

REQUIREMENTS FOR CANDIDATES

The department may not grant a license under Wisconsin Statutes 440.312 to any person who has been convicted of an offense under s. 940.22, 940.225, 940.302(2)(a)1.b., 944.06, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.051, 948.06, 948.07, 948.075, 948.08, 948.09, 948.095, 948.10, 948.11, or 948.12.

Your eligibility will be determined by the Department upon receipt of a completed application and all supporting documents.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

- 1. Application (Form #2891):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Safety and Professional Services". Mail to the Department of Safety and Professional Services at P.O. Box 8935, Madison, WI 53708-8935. *See page 2 of the application (Form #2891) for other required documents.*
- 2. Verification of Certification** To obtain verification from Behavior Analyst Certification Board (BACB), you must first contact BACB prior to see if a fee is required for this service. Complete top portion of Form #2890 and forward to BACB as instructed on form. **This form must be returned by BACB directly to the Department. Verifications received from the applicant will be rejected by the Department.**
- 3. Convictions and Pending Charges (Form #2252 if applies):** All applicants will be required to answer questions on the application form #2891 about convictions of any crime, other violations and pending charges in Wisconsin or any other state and complete and submit Form #2252.

If an applicant has been convicted of one or more misdemeanor or other violations or has pending charges and if the Department determines that the crimes or violations are substantially related to the practice of Behavior Analyst, the Department will not grant a license until it has received sufficient information to determine whether the license should be granted, denied or limited. It is the responsibility of the applicant to provide complete information to the Department. Applications are deemed complete after submission of all relevant background information by the applicant.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

MAILING INSTRUCTIONS

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES
P.O. BOX 8935
MADISON, WI 53708-8935