

ATTACH PHOTO
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THAN THIS SIZE

**LINE TECHNICIAN REGISTRATION
AND PROOF OF SUPERVISION**



MAIL TO:
Louisiana Behavior Analyst Board
4334 S. Sherwood Forest Blvd., Suite C-150
Baton Rouge, Louisiana 70816
(225) 925-6523
baadmin@la.gov

DROP OFF INFORMATION ON BOTTOM OF PAGE 2

LINE TECHNICIAN REGISTRATION FEE OF \$50.00

I hereby submit the application fee in the form of a **money order, cashier's check, or certified check** made payable to LBAB. I further understand that such fees are **NOT** refundable and the decision of the Board is final. This fee is in **addition** to the background check processing fee.

SS# _____ DOB _____ GENDER _____

I - LINE TECHNICIAN'S INFORMATION

NAME: (Last, First, Middle Initial, Suffix)	MAIDEN NAME/ALIAS	CELL PHONE
HOME ADDRESS, CITY, STATE AND ZIP	EMAIL ADDRESS	

<input type="checkbox"/> YES ARE YOU A U.S. CITIZEN? <input type="checkbox"/> NO	IF NO, WHEN DO YOU EXPECT TO BECOME A U.S. CITIZEN? _____/_____/_____
<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED	DATE OBTAINED: _____/_____/_____

II - SUPERVISOR'S INFORMATION

NAME: (LAST, FIRST, MIDDLE INITIAL, SUFFIX)	DEGREE:	EMAIL ADDRESS:
NAME OF BUSINESS/EMPLOYER:	ADDRESS, CITY, STATE AND ZIP	BUSINESS PHONE
LOUISIANA LICENSE NO. _____ # OF CLIENTS: _____	#OF LINE TECHNICIANS YOU SUPERVISE INCLUDING THIS APPLICANT: _____	#OF SCABAS YOU SUPERVISE INCLUDING THIS APPLICANT: _____

I hereby affirm the foregoing information, which I have supplied is true and accurate to the best of my knowledge. I understand I have the overall responsibility for providing the necessary supervision to protect the health and welfare of the patient/client receiving treatment from a line therapist. I affirm that if the supervision is changed in any way, I will immediately notify the LBAB.

DATE: _____ SUPERVISOR'S ORIGINAL SIGNATURE: _____

III. ATTESTATION

NOTE: Any false or misleading information in, or in connection with this registration may be cause for denial, suspension, or revocation of any registration issued under this application.

PLEASE READ CAREFULLY!

1. Has the **line technician ever been arrested**, charged with, pled guilty, pled nolo contendere or convicted of any crimes (including arrests, charges, and convictions that have been dismissed or expunged)?
If "YES", attach a detailed explanation along with documentation regarding the status of the matter.
 YES
 NO

2. I understand that as a line technician I **MUST** be supervised by an LBA and **CANNOT** work independently.
 YES
 NO

3. I affirm I will immediately notify the Louisiana Behavior Analyst Board if the supervision agreement is changed in any way.
 YES
 NO

4. Has the **line technician** ever applied or been registered as a Line Technician with the Louisiana Behavior Analyst Board?
 YES
 NO

The undersigned attests that he/she is the person who executed this application and the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the profession; and that he/she has carefully read and understands this application and attestation.

Line Technician Applicant Original Signature

Date

ALL REGISTERED LINE TECHNICIANS MUST RENEW BY THE END OF EACH CALENDAR YEAR REGARDLESS OF THE MONTH AND/OR DATE REGISTERED. ALL REGISTRATIONS END ON DECEMBER 31ST OF EACH YEAR.

IF YOU ARE DROPPING OFF YOUR APPLICATION AT THE OFFICE, INSTRUCTIONS AND A LOCK BOX ARE AVAILABLE IN THE LOBBY DURING BUSINESS HOURS. AFTER HOURS PLEASE USE AN ENVELOPE AND PUT IN THE MAIL SLOT IN THE DOOR AT SUITE C-175. THERE WILL BE A SIGN ON THAT DOOR. THANK YOU.

Updated: 11/5/18