



RBT® Renewal: Checklist

This checklist will guide you through the RBT renewal process. You must complete all steps to renew your certification.

- ☐ **Update your Information.** If you have changes to any of the information below, log into your [BACB Account](#) and click on the “Update Profile” link under the “Profile” tab to update it.
 - Email Address (Permanent/Personal)
 - Email Address (Alternate/Work)
 - Mailing Address
 - Telephone Number
 - Name Change
- ☐ **Review RBT maintenance requirements.** See the BACB’s [RBT maintenance webpage](#).
- ☐ **Complete the competency assessment.** Have an assessor complete a [competency assessment](#) no more than 45 days before your expiration date.*
- ☐ **Complete the RBT Renewal Application.** Complete the entire RBT application. **Please note:** Only you (the renewing RBT) may complete the application.
- ☐ **Pay the renewal fee.** Log into your [BACB Account](#) and click on the “RBT” tab.
 - a) If you are paying online, click on the “RBT Renewal Invoice” link to pay.
 - b) If you are paying by check, mail your payment (include your RBT credential number on the check) to:
Behavior Analyst Certification Board
7950 Shaffer Parkway
Littleton, CO 80127 USA
- ☐ **Upload your documents.** Documents (i.e., RBT Renewal Application and competency assessment) can be uploaded only after you submit payment. Upload your documents into your [BACB Account](#) under the “RBT” tab.
- ☐ **Monitor your email.** Allow two weeks from the date you upload your documents for your application to be processed. Monitor your email and your [BACB Account](#) in case additional information is needed.

* Your expiration date can be found in your BACB Account under the “RBT” tab.



RBT® Renewal: Application

A. RBT Information

RBT's Legal Name: _____

RBT Certification # (located in your [BACB Account](#)): _____

Note: *Only* the RBT named in this application may complete and sign the renewal application. Please answer all questions. The BACB does not process incomplete applications.

B. Ability to Practice

I (RBT) understand that I must have a BCaBA or BCBA certificant on record (as an RBT Supervisor or RBT Requirements Coordinator) with the BACB in order to practice as an RBT. I understand that if I do not, I:

- ☐ Agree may not practice as an RBT. Practicing as an RBT is defined as engaging in any tasks identified in the [RBT Task List](#).
- ☐ Agree may not identify myself as an RBT.
- ☐ Agree may not bill for services as an RBT.
- ☐ Agree will be listed as “inactive” on the [RBT Registry](#).

C. Supervision

I (RBT):

Choose One	Option
<input type="checkbox"/>	have met <i>all</i> the supervision requirements for the past year, including at least 5% of my hours spent providing behavior-analytic services has been supervised.
<input type="checkbox"/>	have not provided or assisted in providing behavior-analytic services (i.e., performed functions from the RBT Task List), billed, and/or represented myself an RBT within the past 12 months, therefore I required no supervision.
<input type="checkbox"/>	have not met <i>at least one</i> of the supervision requirements in the last year. Note: If you select this option, BACB staff will contact you about next steps. Please note, this may delay processing of your application.

- ☒ Agree understand that the BACB may require documentation of my supervision.

D. BACB Rules and Requirements

I (RBT):

- ☐ Agree ☐ Disagree have and will continue to comply with the BACB's rules and requirements, including the [RBT Ethics Code](#).

If you selected "Disagree," you must report the noncompliance with BACB requirements at [Submit Legal Documentation](#). Please note, this may delay processing of your renewal application.

E. Required Reporting

- ☒ Agree I (RBT) understand that I am required to report to my RBT Supervisor and/or RBT Requirements Coordinator any information that might impact my background check or status with the BACB.
- ☐ Agree I (RBT) understand that I am required to report to my certificant on record and/or the BACB any physical conditions, mental conditions, or substance addictions that could impair my ability to competently provide behavior-analytic services, and/or jeopardize public health and safety.
- ☐ Agree I (RBT) understand that I am required to report to my certificant on record and/or the BACB any disciplinary investigations or actions by a professional or regulatory body.
- ☐ Agree I (RBT) understand that I am required to report to my certificant on record and/or the BACB any public health or safety-related investigations or actions.

F. Attestation

By signing, I acknowledge and affirm that:

- ☐ Agree I have carefully read and understand the BACB rules and requirements, to include the [Terms and Conditions](#).
- ☐ Agree I agree to abide by these rules and requirements, to include the [Terms and Conditions](#).
- ☐ Agree The information I have provided in this application and in the attached documentation is true and correct to the best of my knowledge.

PRINTED RBT NAME: _____

RBT SIGNATURE:  _____ DATE: _____

This document must be signed in accordance with the [Acceptable Signatures Policy](#).