STATE OF OKLAHOMA
BOARD OF EXAMINERS OF PSYCHOLOGISTS
421 NW 13TH STREET, SUITE 180
OKLAHOMA CITY, OK 73103

(405) 522-1333 / boardstaff@psychology.ok.gov / *www.psychology.ok.gov*

BCBA and BCaBA APPLICANT AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____, being duly sworn under penalty of perjury, depose and say:

I am the applicant for admission to practice referred to. I have carefully read the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservations of any kind, and the statements contained herein are true, complete, and correct to the best of my knowledge and belief.

I have not suppressed any information which might affect this application, nor have I omitted any information relevant to my current fitness to practice. I swear that I am of good moral character and will conform to the ethical standards and conduct of the profession. I further swear that I have no complaints pending, have had no disciplinary action against me in any jurisdiction, and have otherwise met all statutory requirements and criteria set forth by the Oklahoma State Board of Examiners of Psychologists and Behavior Analyst Certification Board. By signing this affidavit, I swear and affirm that I have read and understood this affidavit.

_____
Signature of Applicant

Subscribed and sworn to or affirmed before this ____ day of _____, _____.
Month Year

_____
Notary Public

(Seal) My commission expires on _____