



# ABAL Membership Form

DEMOGRAPHY		
1	SALUTATION (required): Dr, Prof, Ms, Mrs, Mr	
2	Name	
3	Middle/ Father's Name	
4	Last Name	
5	Date of Birth	
6	Nationality	
7	Gender	
Permanent Home Address		
8	Street Name/Number	
9	Building Name/ Number	
10	Zip/Post Code (not obligatory)	
11	City	
12	Country	
Occupation Details and Work Address		
12	Name of Institution	
13	Occupation:	
14	Street Name	
15	Building Name	
16	City	
17	Country	
Contact Information		
17	Home Phone Number	
18	Mobile Number	
19	Email	
Educational Background		
20	Most Recent Degree Completed (required)	<input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Post Doctoral
21	Specialization / Major	
22	Year (required)	
23	Institution (required)	
24	Other Degrees Completed (required)	<input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Post Doctoral
25	Specialization / Major	
26	Year (required)	
27	Institution (required)	
28	Certification	<input type="checkbox"/> BCBA <input type="checkbox"/> BCaBA

		<input type="checkbox"/> RBT
29	Certifying Institution	
30	Certification Number	
Field of Practice		
31	Check just one box that most closely describes your field of study	<input type="checkbox"/> Applied Behavior Analysis
		<input type="checkbox"/> Behavior Analysis (other)
		<input type="checkbox"/> Behavior Theory and Philosophy
		<input type="checkbox"/> Experimental Analysis of Behavior
		<input type="checkbox"/> Organizational Behavior Management
		<input type="checkbox"/> Psychology
		<input type="checkbox"/> Behavioral Psychology
		<input type="checkbox"/> Clinical Psychology
		<input type="checkbox"/> Counseling Psychology
		<input type="checkbox"/> Developmental Psychology
		<input type="checkbox"/> Educational Psychology
		<input type="checkbox"/> Experimental Psychology
		<input type="checkbox"/> Industrial / Organizational Psychology
		<input type="checkbox"/> School Psychology
		<input type="checkbox"/> Social Psychology
		<input type="checkbox"/> Counseling
		<input type="checkbox"/> Education
		<input type="checkbox"/> Medicine
		<input type="checkbox"/> Neuroscience
		<input type="checkbox"/> Psychiatry
		<input type="checkbox"/> Public Policy and Administration
		<input type="checkbox"/> Rehabilitation / Rehabilitation Science
		<input type="checkbox"/> Special Education
		<input type="checkbox"/> Speech Pathology / Speech – Language – Hearing Science
		<input type="checkbox"/> Social Work
		<input type="checkbox"/> Sociology
		<input type="checkbox"/> Other _____
Type of Services Provided (check all that apply)		
32	I deliver ABA	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
33	I deliver Supervision for Behavior Analysis	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
34	I deliver training for:	
Setting of Services Provided (check all that apply)		
35	I deliver services:	<input type="checkbox"/> Home
		<input type="checkbox"/> Clinic

		<input type="checkbox"/> School
		<input type="checkbox"/> Hospital
		<input type="checkbox"/> Other _____
Population whom Services Provided (check all that apply)		
36	I deliver services:	<input type="checkbox"/> Infants
		<input type="checkbox"/> Children
		<input type="checkbox"/> Adolescents
		<input type="checkbox"/> Adults
		<input type="checkbox"/> Other _____
Area Covered (check all that apply)		
37	I deliver services	<input type="checkbox"/> Town / Postcode
		<input type="checkbox"/> Country
		<input type="checkbox"/> Distance
		<input type="checkbox"/> Own Transport
		<input type="checkbox"/> Work Overseas
		<input type="checkbox"/> Other _____
Reason for Membership		
38	I'm willing to become a member	<input type="checkbox"/> I am interested in ABAL membership privileges
		<input type="checkbox"/> Encouraged by university program/school.
		<input type="checkbox"/> Family members exposed to behavioral treatment.
		<input type="checkbox"/> Obtain Perspectives on Behavior Science.
		<input type="checkbox"/> General interest in behavior analysis/ABA services
		<input type="checkbox"/> Required by employer.
		<input type="checkbox"/> Referred by a colleague - Colleague Name: - Colleague Affiliation
		<input type="checkbox"/> Other _____
Languages Spoken		
39	First Language: _____ Second Language: _____ Third Language: _____ Other _____	
Research		
40	I am Involved in research	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
41	If yes, briefly describe:	
42	Research keywords:	
43	Affiliation / Institution where research is conducted	
Legal & Ethical Background		
44	Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records	<input type="checkbox"/> Yes <input type="checkbox"/> No

	regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office	
45	Have you been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:
47	If yes, include a detailed statement, explaining whether or not you are currently under treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
48	Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing (authority in Lebanon or elsewhere)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, include a detailed explanation
49	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, include a detailed explanation

### Candidate Description

Overview (maximum 200 words)

I, the undersigned below, declare that I have examined the application, and all supporting documents submitted, and to the best of my knowledge, they are true, correct and complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Attach an updated Curriculum Vitae



Attach a copy of ID or passport



Attach a copy of the highest academic/professional degree



Attach a passport-sized photo