



Behavioral Therapy Provider Attestation

Provider Type 84, Specialty 831; Provider Type 15, Specialty 220

Provider Request

Provider Name: _____ National Provider Identifier (NPI) _____

I attest that I have licensing, credentials, experience and/or training as indicated below:

Note: Check all that apply in the applicable section.

- Doctoral degree with a specialty in psychiatry (PhD), medicine (MD) or clinical psychology (PhD) and am actively licensed by the state board of examiners. Attach a copy of the license; **and**
 - have completed 400 hours of training **and/or**
 - have direct supervised experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with autism or other developmental disabilities.

- Doctoral degree in one of the behavioral or health sciences. Attach a copy of diploma or transcript; **and**
 - have completed 800 hours of specific training **and/or**
 - experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with autism or other developmental disabilities.

- Nationally certified as a Board-Certified Behavior Analyst (BCBA) or Qualified Autism Service Practitioner-Supervisor (QASP-S). Attach a copy of the certification. In lieu of BCBA Certificate, a screen shot from the Behavioral Analyst Certification Board (BACB) or Qualified Applied Behavior Analysis Credentialing Board website indicating name, location, level, number, and valid date span is acceptable.

- Master’s degree or higher, in behavioral health sciences or education. Attach a copy of diploma or transcript; **and**
 - licensed teacher with an endorsement of school psychologist. Attach a copy of the license; **or**
 - licensed teacher with an endorsement of special education or early childhood special education. Attach a copy of the license; **or**
 - credentialed as a related services provider (Physical Therapist, Occupational Therapist, or Speech Therapist. Attach a copy of the license;**and** one of the following:
 - have completed 1,000 hours of direct supervised training **or**
 - experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with autism or other developmental disabilities.



Provider Signature _____

- Evidence of license (if applicable) must be included.
- Evidence of training must be included: written documentation including dates, hours (with total) and signature of supervisor.
- Evidence of behavioral therapy experience must be included: written documentation indicating experience signed by supervisor.
- Upload all documents on 'Attachments and Fees' page of the Online Provider Enrollment application.

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