



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). 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.

Revised: September 2025

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

hcpf.colorado.gov

