



Behavioral Therapy Provider Attestation

Provider Type 84, Specialty 831

Provider name: _____ NPI: _____

I attest that I have licensing, credentials, experience and/or training as indicated below:
(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). (Attach a copy of the certification. In lieu of BCBA Certificate, a screen shot from the Behavioral Analyst Certification Board (BACB) 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)

