



# 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 or health sciences (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)

