**Center of Excellence (COE) Attestation**

|  |  |
| --- | --- |
| A center of excellence (COE) may be an entity or an individual. The COE must employ a person licensed under Title 18 RCW who is experienced in the diagnosis and treatment of autism spectrum disorders and is:   * An advanced registered nurse practitioner (ARNP) * A developmental pediatrician * A neurologist * A pediatric neurologist * A pediatrician psychiatrist * A psychiatrist * A psychologist or * A qualified medical provider who meets the qualifications and who has been designated by the agency as a COE following completion of Health Care Authority approved training.   By signing, I am confirming I meet the qualifications above and am providing COE services for the diagnosis of autism spectrum disorder and other disabilities and determining whether or not ABA services are likely to be of benefit to the child. | |
| COE provider printed name: | Provider NPI: |
| Signature of COE provider: | Date: |

**Send completed form to: Questions?** Toll-Free 1-800-562-3022 ext. 16137

Provider Enrollment

P.O. Box 45562

Olympia, WA 98504-5562

**Fax:** 360-725-2144

Attn: Provider Enrollment