

Applied Behavior Analysis (ABA) Attestation Form

This attestation is **not** necessary for professionals who have one of the following active Washington credentials:

- Licensed Behavior Analyst (LBA);
- Licensed Assistant Behavior Analyst (LABA) or
- Certified Behavior Technician (CBT)

This attestation **is** required if you are requesting the Applied Behavior Analysis taxonomy and you hold a Washington State Department of Health credential as a:

- Licensed mental health counselor,
- Licensed marriage and family therapist,
- Licensed independent social worker, or
- Licensed psychologist

Please note: if a person is supervising other ABA staff, such as CBTS they will need to obtain an ABA credential.

If you are signing this attestation you are confirming you meet the qualifications below and are providing ABA services as described in WAC 182-531A.

Please **choose one** of the options below:

Option 1 - I am a BCBA (Board Certified Behavior Analyst) certified by the BACB board or I have a masters or doctorate degree and have completed 225 hours of graduate level coursework in behavioral analysis related topics, and 1500 hours of supervised experience in designing and implementing comprehensive behavioral analytic therapies for children with autism. ***Signature of ABA Provider required for this option.**

Option 2 - I am a BCaBA (Board Certified assistant Behavior Analyst) certified by the BACB or completed a minimum of 135 classroom hours of instruction in behavior analysis topics described in WAC 246-805-220 and completed 1000 hours of supervised experience in behavior analysis. ***Signature of ABA provider and Supervising BCBA required for this option.**

Option 3 – I am a registered RBT (Registered Behavior Technician) certified by the BACB or completed behavior technician training as outlined in WAC 246-805-310.and demonstrated competence in providing services with direct supervision (required before independently providing services for a Medicaid client). ***Signature of ABA provider and Supervising BCBA required for this option.**

Provider Name
Provider NPI

X

Signature of ABA Provider:

X

Signature of Supervising BCBA

Send completed form to:

Provider Enrollment
PO Box 45562
Olympia, WA 98504-5562

Or fax to 360-725-2144
Attn: Provider Enrollment
Questions? Toll-Free 1-800-562-3022 ext.
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