

Applied Behavior Analysis Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

Certified Behavior Technician (CBT)—Training Program If you do not hold a registered behavior technician (RBT) certification and have completed a training outlined

WAC 246-805-310, please complete the top section of this form and forward to your supervisor for completion.				
Name First		Middle		Last
Credential # (if ava	ilable)		Date of Birth	
Start Date of Training	ng Program	End Date of Traini	ng Program	Total Hours of Training Program
This form must be sent directly to the Department of Health from the training supervisor. This form can be mailed or e-mailed to HSQACredentialing@doh.wa.gov . Digitally altered forms will not be accepted.				
To the Supervisor	:			
Please review <u>WAC 246-805-310</u> BEFORE you begin supervision of the CBT trainee in order to assure that you meet the qualifications to be the training program supervisor and to assure that you provide the trainee with all the requirements.				
Attestation:				
As the CBT training program supervisor, I, attest that the above named trainee has completed a CBT program as outlined in WAC 246-805-310, that the training was at least 40 hours in duration and included the following:				
 Measureme Assessment Skill acquisi Behavior red Documental Professiona Experiential led Practicing ted Observing and Evaluation and 	nt; t; tion; duction; tion and reporting; a I conduct and scope arning that included echniques in a simuland performing beha	e of practice. the following: lated situation incorpavior analysis service e, the training progra	oorating the conter es with clients inco	reas: It areas listed above and; rporating the content areas listed above. ne trainee's demonstrated entry level
LBA#	Date Issu	ued	_ BCBA#	Date Issued
Signature of Trainin	g Program Supervis	sor		Date