



Washington State Department of

Health

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 available)		Date of Birth	
Start Date of Training Program	End Date of Training 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 [WAC 246-805-310](#) 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:

- Classroom, online or supervisor-led instruction in the following content areas:
 - Measurement;
 - Assessment;
 - Skill acquisition;
 - Behavior reduction;
 - Documentation and reporting; and
 - Professional conduct and scope of practice.
- Experiential learning that included the following:
 - Practicing techniques in a simulated situation incorporating the content areas listed above and;
 - Observing and performing behavior analysis services with clients incorporating the content areas listed above.
- Evaluation and assessment by me, the training program supervisor, of the trainee’s demonstrated entry level competency in the knowledge and skills listed above.

LBA # _____ Date Issued _____ BCBA# _____ Date Issued _____

Signature of Training Program Supervisor _____ Date _____