STAGE 2 PRACTITIONER w/o BEHAVIOR ANALYST BACB® CERTIFICATION
COUNSELOR, THERAPIST, AND
OTHER SOCIAL WORKER
Provider Type 445 Specialty 099
Attestation Template

I, INSERT YOUR NAME, hereby attest that I meet the standards as set forth in the New Mexico Administrative Code (NMAC), MAD Supplement 19-04, and the Behavioral Health Policy and Billing Manual to allow me under supervision to render Applied Behavior Analysis (ABA) Stage 2- Assessment and ABA Stage 3-Treatment Services as a MAD-BHSD approved Stage 2 and 3 provider without Behavior Analyst BACB® Certification. In addition:

1) I have attached my master's degree from an accredited university that was conferred in behavior analysis, education, or psychology, or conferred in a degree program with a BACB® approved course sequence.

2) I have a master's degree which the BACB® recognizes and will lead to certification as a BCBA®.

3) I have experience in supervising direct support personnel in the delivery and evaluation of ABA services.

4) I will hold my BCBA® credential within one year for this attestation. I will provide MAD-BHSD and my agency a copy of my certification and subsequent renewals.

5) If I fail to obtain my BCBA® credential within one year of this attestation, I will no longer render ABA Stage 2 and 3 services as a MAD-BHSD.

6) I will report any change in my credential status in-between renewals immediately to my agency and to the Behavioral Health Services Division (BHSD) ABA Program Manager.

7) This attestation expires within one year of the date it is signed and cannot be renewed.

Print Name and Title, Date and Sign

AGENCY

I, INSERT NAME of AGENCY OFFICIAL, hereby attest that INSERT PRACTITIONER’S NAME has presented documentation to substantiate his or her current certification status as a Stage 2 practitioner without BACB® certification. The agency has a placed a copy of INSERT PRACTITIONER NAME credentials and will place all subsequent renewals in his or her personnel file.

Print Name and Title, Date and Sign