



# Self-Reporting Statement

Please review the following instructions before submitting your self-report. Once you review this information and complete the accompanying statement, please submit your self-report with the statement and any supporting documentation via the [Ethics Self-Reporting Form](#).

## Instructions

- 1. Review the Self-Reporting section in the relevant certificant handbook** ([RBT Handbook](#), [BCaBA Handbook](#), [BCBA Handbook](#)). If you are a BCBA, consider reviewing and discussing the situation you plan to self-report with your supervisor, manager, mentor, or a trusted colleague. If you are a BCaBA or RBT, you must review and discuss the situation with your BACB-required supervisor. Be sure to document all conversations related to the situation (e.g., draft summary notes and email them to the individual that you communicated with) and retain copies for your records. Do your best to identify specific standard(s) in the [RBT Ethics Code \(2.0\)](#) or [Ethics Code for Behavior Analysts](#) that relate to the information you plan to self-report. If you are unsure whether the situation requires self-reporting, the best course of action is to self-report.
- 2. Organize and combine all supporting documentation.** This includes (a) the initial documentation regarding the situation (e.g., tickets, charging documents, notices of investigation, complaint reports), (b) any documentation providing updates on the situation (e.g., updates from an investigator, findings of fact), (c) any final documentation, if applicable (e.g., case closure letters, final determinations, consent orders, acceptance into diversion programs, records of satisfactory completion of court orders), and (d) any additional correspondence that is relevant to the situation or follow-up actions.

Once you have gathered the supporting documentation, please do the following:

1. Ensure that the date, time, and any necessary contextual information (e.g., name[s] of individual[s] sending or receiving emails or text messages) can be seen in all screenshots of websites, emails, and text messages.
2. Redact any protected or identifying information (e.g., client name, address, date of birth). You can replace this information with generic terms (e.g., Name, Gender, XX/XX/XX) or black it out (e.g., highlight in black, cover with black box, cover with black marker or correction ink/tape before scanning).
3. Convert any documents containing sensitive information to PDFs so that they cannot be altered.
4. Arrange all supporting documentation in chronological order.
5. If possible, combine all supporting documentation into one PDF. To keep things organized, name each piece of supporting documentation, add page numbers, and create a table of contents, especially if you plan to submit many detailed pages of supporting documentation.

*Note:* If you cannot provide supporting documentation, please explain why and if/when you expect to receive it in your statement.

- 3. Complete the following statement and submit it and all supporting documentation with your self-report.** The statement allows you to provide the BACB with additional context and information that might not be readily available or apparent when the BACB reviews your documentation. Please complete the Standard Information to Include for All Situations section as well as any other sections that are relevant to the situation you plan to self-report. Then, put your last name in the file title, download the statement and all supporting documentation to your computer, and upload them with your self-report via the [Ethics Self-Reporting Form](#).

*Note:* For the purposes of self-reporting, *funder* refers to any entity (e.g., healthcare organization, state or federally funded service, commercial payer, managed care organization, educational institution, other payment entity) that you have contracted with to provide behavior-analytic, educational, or health-care services.

## Standard Information to Include for All Situations

Full Name: \_\_\_\_\_

Date of Self-Report: \_\_\_\_\_

Certification Status:    Applicant      Certificant

Certification #: \_\_\_\_\_ BACB ID #: \_\_\_\_\_

Certification Type:    RBT      BCaBA      BCBA      BCBA-D

Name of Company, Organization, or Employer at the Time of the Situation: \_\_\_\_\_

Name of Current Company, Organization, or Employer (if Different): \_\_\_\_\_

Supervisor Name (if Applicable): \_\_\_\_\_

Date of the Situation or Date You Became Aware of the Situation: \_\_\_\_\_

1. If you are self-reporting past the 30-day requirement, provide a brief explanation for the delay:

2. Were clients involved in the situation?    YES      NO

3. Did the situation occur during the workday (e.g., while driving between clients, before or after clients were present at a clinic, during staff training, during service delivery)?    YES      NO

4. Were other vulnerable individuals (e.g., children, older adults) involved or present?    YES      NO

5. Were drugs or alcohol involved?    YES      NO

6. Did you notify anyone about the situation (e.g., supervisor, employer, licensure board)?    YES      NO

If so, who did you notify? \_\_\_\_\_

7. Were the police involved?    YES      NO

8. Was any medical treatment required for you or anyone else involved?    YES      NO

9. Briefly describe the situation:

10. Briefly describe any actions you have taken to address the situation (if applicable):

11. Briefly list and describe the documents you will provide with your submission. If documentation is unavailable, please explain why it is unavailable and if/when you expect to receive it:

*Please complete the following section(s) if applicable.*

## Information to Include if the Situation is Related to a Physical or Mental Health Condition or Substance Use Disorder

1. This self-report is related to the following (check all that apply):  
Physical Health Condition      Mental Health Condition      Substance Use Disorder
2. Do you currently have a care provider for your physical or mental health condition or substance use disorder?  
YES      NO
3. Do you or your care provider (if applicable) believe that your physical or mental health condition or substance use disorder poses a risk to your ability to provide services safely and competently?      YES      NO  
If so, briefly describe the risk:

Briefly describe any actions you have taken to avoid the risk (e.g., modified work activities, not providing direct services):

4. Did your care provider recommend that you self-report?      YES      NO
5. Do you have an active and effective care plan in place?      YES      NO
6. Do you have an active care plan in place that is no longer effective?      YES      NO

7. Have you been voluntarily or involuntarily hospitalized or placed in a treatment facility (e.g., in-patient, intensive out-patient) because of your physical or mental health condition or substance use disorder? YES NO  
If so, briefly describe the situation (e.g., when it occurred, the duration, the outcome):

8. Describe any diversion or treatment plans assigned to you in accordance with a court of law or by a license or credential held by you in any profession:

*Please complete the following section(s) if applicable.*

## Information to Include if the Situation is Related to an Investigation

1. Name of the Entity Responsible for Conducting the Investigation: \_\_\_\_\_
2. Name and Contact Information of the Individual Conducting the Investigation (if available):
3. Describe what prompted the investigation (e.g., complaint, internal audit, your self-report to the entity):
4. Is the investigation related to abuse (e.g., physical, sexual), neglect, harassment, or another action that caused or could cause harm to an individual? YES NO
5. Is the investigation related to fraud or theft? YES NO

6. Describe the purpose of the investigation:

7. What is the current status of the investigation? Pending Ongoing Concluded

8. If you are waiting for an update or outcome from the entity handling the investigation, when do you expect to have more information? \_\_\_\_\_

9. Did any agreements or actions result from the investigation? YES NO

If so, please complete the following section.

### Information to Include if the Situation is Related to an Agreement or Action

1. Name of the Entity That Prescribed the Action or With Whom You Entered Into an Agreement (e.g., name of your employer, funder, law enforcement agency, court): \_\_\_\_\_

2. Describe the specific agreement or action, including the duration (e.g., suspended for 6 months):

3. Describe the status of the agreement or action (e.g., some or all has been completed):



**Hold on! Before you submit your self-report, make sure you did the following:**

reviewed the Self-Reporting section of the relevant handbook

disclosed the matter to your supervisor, if applicable

gathered and organized all relevant documentation

completed the Self-Reporting Statement

ensured that you are submitting your self-report to the BACB within 30 days of the situation or within 30 days of becoming aware of it

*Note:* For situations that require ongoing updates, please provide them to the BACB on a quarterly basis (i.e., every three months) via the [Ethics Self-Reporting Form](#).