



# RBT Professional Development: In-Service Event

This form must be completed by the In-Service Trainer or In-Service Organization Contact.

## RBT Information

RBT Name: \_\_\_\_\_ RBT BACB Certification Number: \_\_\_\_\_

## In-Service Event Information

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Modality: \_\_\_\_\_ Total Number of PDUs: \_\_\_\_\_

## Organization Information

Organization Name: \_\_\_\_\_

## In-Service Trainer Information

In-Service Trainer Name: \_\_\_\_\_

In-Service Trainer BACB Certification Number: \_\_\_\_\_

In-Service Organization Contact Name (If applicable; otherwise leave blank): \_\_\_\_\_

In-Service Organization Contact BACB Certification Number (If applicable; otherwise leave blank): \_\_\_\_\_

In-Service Trainer or Organization Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This document must be signed in accordance with the [Acceptable Signatures Policy](#).*