



Noncertified RBT[®] Supervisor Form

A. RBT Requirements Coordinator

Name: _____

BACB Certification Type: _____

BACB Certification Number: _____

B. Noncertified RBT Supervisor Information

Name: _____

License Type: _____ Other: _____

License Jurisdiction (state/province): _____

License Number: _____

License Expiration Date: _____

Licensing Entity: _____

Link to Licensing Entity's Website: _____

8-Hour Supervision Training Completion Date: _____

BACB Account ID: _____

C. Attestations (to be completed by the RBT Requirements Coordinator)

Qualifications to Practice Applied Behavior Analysis (ABA)

- I have confirmed that ABA is within this RBT supervisor's scope of competence (e.g., university training, supervised experience).

Date confirmed: _____

- I have confirmed that ABA is within the scope of practice of this RBT supervisor's license.

Date confirmed: _____

Qualifications to Supervise ABA Services

- I have reviewed this RBT supervisor's licensure requirements related to supervising others, including any restrictions on supervisory volume and whether supervisee names must be reported to the licensing entity.

Date reviewed: _____

Briefly describe the licensing entity's supervision requirements (if any):

D. BACB Requirements

- I have reviewed the BACB's RBT supervision requirements with this RBT supervisor.

Date reviewed: _____

- I have reviewed the BACB's [Professional and Ethical Compliance Code for Behavior Analysts](#) and [RBT Ethics Code](#) with this RBT supervisor.

Date reviewed: _____

- I have reviewed the BACB's [disciplinary processes](#) for RBTs with this RBT supervisor.

Date reviewed: _____

- I have confirmed that this RBT supervisor is a licensed behavioral health professional in good standing with the applicable licensing entity (i.e., there are no disciplinary sanctions that would jeopardize the RBT supervisor's ability to safely and effectively supervise ABA services).

Date confirmed: _____

E. RBT Requirements Coordinator Signature

- I agree that the information entered above is true and correct to the best of my knowledge and that I have a system for ensuring ongoing compliance with the BACB's requirements related to noncertified RBT supervisors.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

F. Noncertified RBT Supervisor Signature

- I agree that the information entered above is true and correct to the best of my knowledge and I agree to abide by the BACB's [Professional and Ethical Compliance Code for Behavior Analysts](#) and RBT supervision requirements when supervising RBTs.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

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