



Noncertified RBT Supervisor Form

Overview

The BACB allows noncertified RBT Supervisors to supervise RBTs under the oversight of an RBT Requirements Coordinator if they are:

- competent in applied behavior analysis (ABA) AND
- licensed in another behavioral health profession that has ABA in its legislative scope of practice.

Instructions: Before a noncertified RBT Supervisor can provide supervision for a specific RBT, the RBT's Requirements Coordinator must:

- complete this form with the noncertified RBT Supervisor,
- review the Ongoing Supervision section of the RBT Handbook with the supervisor to ensure that all of the requirements are being met, and
- be listed in the BACB's records for each RBT receiving supervision from the noncertified RBT Supervisor.

The RBT Requirements Coordinator must retain this document for at least 7 years. In the event of a BACB supervision audit, the RBT Requirements Coordinator will need to submit this document and, if necessary, information to support the attestation to the BACB. See the *Ongoing Supervision* section of the [RBT Handbook](#) for details about the audit process.

A. Information

RBT Requirements Coordinator

Name: _____

BCBA Certification Number: _____

Noncertified RBT Supervisor Information

Name: _____

License Type: _____

Other License Type: _____

License Jurisdiction (state/province): _____

License Number: _____

License Expiration Date: _____

Licensing Entity: _____

Link to Licensing Entity's Website: _____

The noncertified RBT Supervisor must create a BACB account and upload their 8-hour supervision training certificate.

Date 8-Hour Supervision Training Was Completed: _____

BACB Account ID: _____

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

Noncertified Supervisor Qualifications

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

Date Confirmed: _____

Provide a brief summary of evidence that the noncertified RBT supervisor is competent to practice ABA:

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

Date Confirmed: _____

Provide the language from the licensure law under which the noncertified RBT Supervisor practices that indicate that ABA is within their scope of practice:

I have confirmed that this noncertified 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 noncertified RBT Supervisor's ability to safely and effectively supervise ABA services).

Date Confirmed: _____

I have reviewed this noncertified 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):

Ongoing RBT Supervision Requirements

I have reviewed the Ongoing Supervision section of the [RBT Handbook](#) with this noncertified RBT Supervisor. We have discussed how we will ensure that the RBT will receive appropriate supervision and that all supervision will be documented.

Date Reviewed: _____

I have reviewed the BACB's [Ethics Code for Behavior Analysts](#) and the BACB's [RBT Ethics Code \(2.0\)](#) with this noncertified RBT Supervisor.

Date Reviewed: _____

I will add myself to the BACB's records as a Requirements Coordinator for each RBT receiving supervision from this noncertified RBT Supervisor prior to the outset of supervision.

I am employed at the same organization as this noncertified RBT Supervisor and will have a contractual relationship with the client(s) with whom the noncertified RBT supervisor will work.

I agree to oversee the ongoing supervision provided by this noncertified RBT Supervisor and ensure that it is compliant with the BACB's requirements.

C. Signatures

RBT Requirements Coordinator: I agree that the information entered above is true and correct to the best of my knowledge.

RBT Requirements Coordinator's Signature: _____ Date: _____

Noncertified RBT Supervisor: 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 Ethics Code for Behavior Analysts and the RBT supervision requirements when supervising RBTs.

Noncertified RBT Supervisor's Signature: _____ Date: _____

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