



# BCBA VCS Coordinator Coursework Attestation

## 4th Edition Coursework Requirements

### Overview

This form may be completed by a current VCS Coordinator who is actively certified as a BCBA to attest that an applicant has met all of the current coursework requirements for BCBA certification.

### Instructions

The BCBA-certified VCS Coordinator will:

1. Review the following:
  - the current BCBA coursework requirements (see BCBA Option 1 Coursework Requirements)
  - the student’s syllabi and/or VCS records
  - the student’s transcript
  - the [VCS Coordinator Coursework Attestation FAQs](#) document
2. Complete this form in its entirety for consideration. Incomplete documents will not be accepted.
3. Confirm that the applicant has submitted a BCBA Certification Application, including payment.
4. Email this form to [VCSatt@bacb.com](mailto:VCSatt@bacb.com) with the subject line “VCS Attestation: \_\_\_\_\_(BACB ID)” via the email address listed in your BACB account. Documents will not be accepted from any other email address. This is important to ensure the authenticity of the attestation.
5. Keep a copy of this completed form and the supporting documentation for at least 7 years, as the BACB may request this information during an audit.

**Note:** This attestation will remain in effect until December 31, 2021, after which the coursework requirements will change.

#### BCBA Option 1 Coursework Requirements

You must complete behavior-analytic coursework that meets the following requirements:

- The coursework was graduate level (i.e., master’s or doctoral) and from the [qualifying institution](#) in which you were enrolled.
- You received academic credit for the coursework.
- The coursework reflects that you received a passing grade (“C” or higher in a graded course or “pass” in a pass/fail system) in each course.
- The coursework covers all of the content areas and numbers of hours specified in this table:

Fourth Edition Coursework Requirements	
Content Areas	Content Hours*
<b>Ethical and Professional Conduct</b> <i>Note: The content must be taught in one or more freestanding courses.</i>	45 hrs
<b>Concepts and Principles of Behavior Analysis</b>	45 hrs
<b>Measurement (including data analysis)</b>	25 hrs
<b>Experimental Design</b>	20 hrs
<b>Identification of the Problem and Assessment</b>	30 hrs
<b>Fundamental Elements of Behavior Change and Specific Behavior-Change Procedures</b>	45 hrs
<b>Intervention and Behavior-Change Considerations</b>	10 hrs
<b>Behavior-Change Systems</b>	10 hrs
<b>Implementation, Management, and Supervision</b>	10 hrs
<b>Discretionary Behavior-Analytic Content</b>	30 hrs
<b>Total</b>	<b>270 hrs</b>

\* For the purpose of establishing instructional requirements that can be applied globally, 1 semester credit hour will represent 15 hours of classroom instruction, and 1 quarter credit hour will represent 10 hours of classroom instruction. This conversion is based on [US Federal Rule](#).

**BCBA Coursework Attestation Information**

Applicant Name: \_\_\_\_\_

Applicant BACB ID (this must match the applicant’s BACB record exactly to be accepted): \_\_\_\_\_

Date of First Qualifying Behavior-Analytic Course: \_\_\_\_\_

Behavior-Analytic Courses Completed (course number and course name must match the information on the transcript)			
Institution Name	Course Number	Course Name	VCS #*

*\* If a course is not part of a current or former VCS, include all of the course information but leave the “VCS #” cell blank.*

By signing below, I, \_\_\_\_\_ (VCS COORDINATOR NAME), hereby attest that:

- The information on this form is true and correct to the best of my knowledge.
- I read and understand the current BCBA coursework requirements.
- \_\_\_\_\_ (APPLICANT NAME) completed all of the current **BCBA** coursework requirements, including the following:
  - accrued enough hours in all of the required content areas,
  - passed each course,
  - were enrolled in each course for academic credit,
  - completed each course at an accredited university, and
  - completed each course at the graduate level.
- I understand that submitting falsified or inaccurate information to the BACB constitutes a violation of BACB requirements and ethics standards.
- I will retain a copy of this completed form and supporting documentation and provide it to the BACB in the event of an audit.

VCS Coordinator Name: \_\_\_\_\_

VCS Coordinator BACB ID or Certification Number: \_\_\_\_\_

Name of VCS Coordinator’s University: \_\_\_\_\_

VCS Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_