



RBT[®] Training & Proficiency Attestation for Alternative Pathway

Overview

This form must be submitted to the BACB if RBT training was completed prior to January 1, 2015 and in more than 180 days. The RBT applicant must upload this completed form as the proof of training in their RBT application.

A. RBT Applicant Information

Legal Name: _____

BACB ID #: _____

B. Attesting Certificant Information

Legal Name: _____

Certification Type: BCaBA BCBA BCBA-D FL-CBA

BACB Certification # (located in your [BACB Account](#)): _____

C. Attestations

I (Attesting Certificant):

- Agree The 40-hour training completed by the applicant named above covered the [RBT Task List](#) and was provided by a BACB certificant in good standing at the time the training was conducted; and
- Agree Since completion of the training, the applicant has performed the task list duties at an acceptable level.
- Agree I have carefully read and understand the BACB rules and requirements, to include the [Terms and Conditions](#).
- Agree I agree to abide by the BACB's rules and requirements, including the [Terms and Conditions](#).
- Agree The information I have provided in this application is true and correct to the best of my knowledge.

If you need to report any information or noncompliance with BACB requirements, you may do so via the [submit legal documentation](#) form on the BACB website. Please note, this may delay processing of your application.

CERTIFICANT'S PRINTED NAME: _____

CERTIFICANT'S SIGNATURE: _____ DATE: _____

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