State of Illinois
Department of Human Services - Division of Developmental Disabilities

Certified Behavior Analyst - Behavior Intervention and Treatment - Level 1 Certification Verification: Checklist A

Directions: *Please complete the information below and submit to:*

Illinois Department of Human Services
Division of Developmental Disabilities
Bureau of Quality Management
Behavior Analyst Review
319 E. Madison, Suite 4J
Springfield, IL 62701

_____ _____
Last Name First Name Middle Initial Social Security Number

Affiliation: _____ Phone #: _____

Address: _____ Fax #: _____

_____ Date: _____

Email: _____

Information to be provided:

_____A copy of your Board Certified Behavior Analyst certificate

The Illinois Department of Human Services has my permission to release my name, affiliation, and phone number in order to facilitate professional contact.

_____ _____
Signature Date