

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

CERTIFIED BEHAVIOR ANALYST- BEHAVIOR INTERVENTION and TREATMENT - LEVEL 1 CERTIFICATION VERIFICATION: CHECKLIST A

Fax: (217) 782-9444

Directions: Please complete the information below and submit to:

Illinois Department of Human Services
Division of Developmental Disabilities
Quality Enhancement Section
Behavior Analyst Review
600 East Ash, Building 400, Mail Stop 2 North
Springfield, IL 62703

Last Name First Name Middle Initial Social Security Number Phone Affiliation: Number: Address: Number: City, State & Zip: 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