



**CERTIFIED BEHAVIOR ANALYST- BEHAVIOR INTERVENTION  
 and TREATMENT - LEVEL 2 CERTIFICATION VERIFICATION: CHECKLIST B**

*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  
 Fax: (217) 782-9444

Last Name	First Name	Middle Initial	Social Security Number
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Affiliation: _____	Phone Number: _____
Address: _____	Fax 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 _____
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