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

BEHAVIOR THERAPY (Autism Spectrum Disorder)
BEHAVIOR INTERVENTION and TREATMENT - LEVEL 2 APPLICATION
COURSEWORK and EXPERIENCE REQUIREMENTS: CHECKLIST C

Please complete the information below, and submit to:

Illinois Department of Human Services
Division of Developmental Disabilities
Behavioral Therapy Credential Review
600 East Ash, Building 400
Springfield, IL 62703
Fax: (217) 782-9535

Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Affiliation: _____ Phone Number: _____

Address: _____ Email: _____

City, State & Zip: _____ Date: _____

Required Documentation:

☐ Documentation that you have been approved by the Behavior Analyst Certification Board to take the examination to be credentialed by this Board as a Behavior Analyst or Associate Behavior Analyst **and** a sample behavior plan you designed and/or wrote. Redact individual's name and other personality identifying information for confidentiality.

Or, **all** three of the following documentations:

☐ 1. Certified copy of college transcript reflecting a bachelor's degree in a human services field.

☐ 2. Sample behavior plan you designed and/or wrote. It should address significant behavior problems of an individual who has DD diagnoses. Redact individual's name and other personally identifying information for confidentiality. Sample Behavior Plan should include the following.

- Information about the individual including demographic information, diagnoses, past treatment history, and any relevant factors that might affect the person's behavior.
- Target behaviors-operational definitions and baseline data in a graph or table.
- Functional assessment-methods used, discussion of assessment results, and conclusion of functions of target behaviors.
- Demonstration of knowledge of the A-B-C model.
- Rationale of behavior strategies to address the functions of target behaviors.
- Steps for implementing behavior strategies.
- Plans for staff training.
- Plans for monitoring the progress of individual's behaviors.

☐ 3. At least 1,500 hours of coursework, training and/or supervised professional experience in the application of behavior analysis or behaviorally-based therapy models as documented by completing the verification table on the reverse of this form.

a) Coursework related to behavior analysis: **Total hours:** _____

b) BCBA approved University Practicum: **Total hours:** (Transcript must be attached) _____

c) Supervised experience: **Total hours:** _____

- Supervised experience must be under the direction of a Board Certified Behavior Analyst (BCBA) or licensed Clinical Psychologist.
- Work experience as an employee will NOT be considered as supervised experience unless specific details are provided that clearly show supervision in designing behavior invention, writing behavior plans and monitoring plan implementations.
- Supervised Experienced Verification table must be completed fully and signed by each supervisor.

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

BEHAVIOR THERAPY (Autism Spectrum Disorder)
BEHAVIOR INTERVENTION and TREATMENT - LEVEL 2 APPLICATION
COURSEWORK and EXPERIENCE REQUIREMENTS: CHECKLIST C

Applicant Certification:

I certify that I have completed at least 1,500 hours of qualifying course work, training and/or supervised experience in the application of behaviorally-based therapy models consistent with best practice and research on individuals with Autism Spectrum Disorder.

I agree to be fully liable for the truth, accuracy and completeness of the information on this checklist, verification table, transcripts and sample behavior plan.

I understand that knowingly falsifying or willfully withholding information may be cause for termination of participation as a provider for the developmental disabilities program.

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

Signature _____ Date _____

Coursework and Supervised Experience Verification Tables

If more space is needed, please photocopy table and attach to this Checklist C.

COURSEWORK VERIFICATION TABLE (Sample)

SCHOOL NAME	COURSE NAME	ACADEMIC PERIOD	TOTAL HOURS	INSTRUCTOR
University of USA	Introduction of behavior analysis	Spring 2012	3 hours/week = 50 hours	Ann Smart, Ph.D.

SCHOOL NAME	COURSE NAME	ACADEMIC PERIOD	TOTAL HOURS	INSTRUCTOR

BEHAVIOR THERAPY (Autism Spectrum Disorder)
BEHAVIOR INTERVENTION and TREATMENT - LEVEL 2 APPLICATION
COURSEWORK and EXPERIENCE REQUIREMENTS: CHECKLIST C

Each Supervisor - By signing below is attesting that:

- The applicant completed the experience under your supervision.
- The applicant's supervised experience met the BACB definition of appropriate acceptable experience. See the following DHS web site link for more information: http://www.dhs.state.il.us/page.aspx?item=48214.
- During the applicant's experience you were a Board Certified Behavior Analyst or Licensed Clinical Psychologist.
- All information reported on the following table attested to by my signature is true and correct to the best of my knowledge.

SUPERVISED EXPERIENCE VERIFICATION TABLE (Sample)

SUPERVISORS NAME	SUPERVISED ACTIVITIES	DATE / HOURS	SUPERVISORS SIGNATURE
Ann Smart, Ph.D, BCBA (Cert #: 1-12-3377)	Assessment for behavioral intervention	6/2/11: 1 hr. 6/12/12: 2 hrs	
	Designing behavior program	7/6/12: 2 hrs 7/13/12: 2 hrs	

SUPERVISORS NAME	SUPERVISED ACTIVITIES	DATE / HOURS	SUPERVISORS SIGNATURE