

Mississippi Autism Board

P.O. Box 20

Jackson, MS 39205

Phone: (601) 359-6792; Website: www.msautismboard.ms.gov

Email: info@msautismboard.ms.gov

License for Assistant Behavior Analyst Supervisory Agreement Documentation

Assistant Behavior Analysts licensed by the Mississippi Autism Board are required to provide proof of ongoing supervision by a Mississippi Licensed Behavior Analyst when providing applied behavior analytic treatment services.

Supervisory Period Requirements:

Qualifications. The Supervising LBA must have an active Mississippi LBA with no disciplinary sanctions. The Supervising LBA must also meet the ongoing supervision CEU requirements as designated by the BACB.

Training. As with the BACB, the Supervising LBA must have completed an 8-hour supervision training before providing any supervision to potential licensees.

Supervisor/Supervisee Relationship. The Supervising LBA may not be related to, subordinate to, or employed by the new supervisee during the supervision period. Employment does not include compensation paid to the Supervising LBA for supervision services.

Supervision Amount and Structure. The Mississippi Autism Board requires that Assistant Behavior Analysts receive the required supervision hours as designated by the BACB. The structure of supervision should be also follow recommendation guidelines as provided by the BACB.

Consequences of Not Receiving Supervision During Temporary Licensing: Any applicant for licensing or licensed assistant behavior analyst through the Mississippi Autism Board found to be substantially noncompliant with supervision requirements may be denied permanent licensing or may have licensing revoked at the discretion of the Board. A Complaint filed and further investigation requested to examine for the appropriateness of license suspension or revocation may be submitted against the Licensed LABA or Supervising LBA if the parties involved do not comply with the requirements of supervision.

Planned Supervisory Relationship Agreement:

Complete the form attached to provide the Mississippi Autism Board with the name, contact information, and license information of the agreed upon Supervisor Relationship.

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Assistant Behavior Analyst Supervisory Agreement Documentation

Assistant Behavior Analysts licensed by the Mississippi Autism Board are required to provide proof of ongoing supervision by a Mississippi Licensed Behavior Analyst when providing applied behavior analytic treatment services.

Assistant Behavior Analyst:

Behavior Analyst's Name:		BACB Certification No.:	
Employer:			
Mailing Address:			
City, State:		Zip Code:	
Business Phone:		Fax:	
Email:			

Supervisor Registration Information:

Supervising LBA's Name:		MS License No.:	
Employer:			
Mailing Address:			
City, State:		Zip Code:	
Business Phone:		Fax:	
Email:			

Supervising LBA - Please complete the following attestations by initialing beside each statement of attestation:

	I attest that I understand that <i>Miss. Code Ann. § 73-75-1 Rule 9.2</i> deems my license may be denied, suspended, or revoked should the Assistant Behavior Analyst listed above under my supervision engage in unethical or questionable practices.
	I attest that I understand that <i>Miss. Code Ann. § 73-75-1 Rule 9.2</i> deems my license may be denied, suspended, or revoked should I encourage or participate in any intentional act or act of omission that caused or assisted the supervisee listed above to violate any of <i>Miss. Code Ann. § 73-75-1</i> and/or any law.
	I attest that I understand that <i>Miss. Code Ann. § 73-75-1 Rule 9.2</i> deems my license may be denied, suspended, or revoked should I fail to provide appropriate supervision of my supervisee listed above. Therefore, I attest that I will provide supervision of the Assistant Behavior Analyst listed per current guidance from the BACB.
	I attest that I understand that under <i>Miss. Code Ann. § 73-75-1 Rule 9.3E</i> the Mississippi Autism Board may audit my supervision record(s) of this supervisee at its discretion.
	I attest that I will maintain supervision records as designated in <i>Miss. Code Ann. § 73-75-1 Rule 9.3E</i> . These records will be available to the Board upon the Board's request without undue delay.
	I attest that upon termination of supervision I will notify the Board in writing of such termination.

Applicant Signature

Date

Supervisor Signature

Date
