# **Online RBT Registration**

# Step 1

Go to https://www.msautismboard.ms.gov In the main menu click on Forms and Applications. Scroll down and click on the link for the Online Form to the right of Behavior Technician Registration Form



# Step 2

Enter your MS license number in the box and click Lookup to establish you as the Analyst.

Home Board Information	Forms and Applications	Licensed Behavior Analysts	License Verification
RBT F	egistration	Supervisor Lo	ookup
Begin the online process of regist with this person and reduce the a	ering a new Behavior Technic mount of data you must ente Enter Your License Nu Look	cian by entering your license number.	per. This will associate you

# Step 3

If the lookup finds a record associated with the license number, the name will be displayed. If the name is yours click Yes to continue.

Home Board Informa	ation Forms and Application	ns Licensed Behavior Analysts	License Verification
RB	T Registratio	n Supervisor L	ookup
Begin the online process of with this person and reduce	registering a new Behavior Tech the amount of data you must e Enter Your License L	nnician by entering your license num nter. Number:	ber. This will associate you
Is this you? Kris Caintest			

#### Step 4A

You will then be taken to a screen to select the RBT. Enter the RBT Certificate Number or the RBT's last name and click Lookup

If the RBT is new and not currently listed in the database, they may be added by clicking the Yes button below the Lookup Button.

<b>RBT Registration Technician Lookup</b>
Enter the Certification Number or Last Name of the Behavior Technician Certification Number: RBT OR Last Name: OR Is this is a new Behavior Technician that needs to be added? Yes

# Step 4B

This is the information that is required when adding a new RBT to the database. All Fields are required.

<b>RBT Registrati</b>	on Add New BT
RBT First Name: RBT Last Name: Supervisee Certificate #: <b>All the info</b> Home Information Address: City: State: Zip: Phone: Email:	RBT-   ormation below must be provided.     Mississippi   Mississippi   Continue

# Step 5

A list of RBTs will be shown based on the information you entered. If the RBT you are trying to register is listed click the Yes button to the right of their name.

<b>RBT Registration Technician Lookup</b>
Enter the Certification Number of the Behavior Technician Certification Number: RBTOR Last Name: Lookup
Jones Yes Jones Yes Jones Yes Jones Yes Jones Yes

#### Step 6

On the next screen verify or enter the home information for the RBT.

All the information on the screen is required before you can continue with the process. If you click Continue without all the information, you will see the popup that tells you what is missing.

RBT R	You must fill in all of the required fields! Phone is required Email is required
RBT Name	ОК
Supervisee C	ertificate #: 19-102149
Home Inform	All the information below must be provided.
Address:	3160 Stump Drive
City:	Pelbam
State:	
Zip:	25412
Phone:	
Email:	
Lindii	Continue

# Step 7A

- 1. On the next screen you will select the Organization where the RBT will be working. Only the organizations that are associated with you, the analyst, will be listed in the dropdown. If the organization you need is not shown you will need to contact the board office to have it added to your profile.
- 2. Next enter the date that the supervision of the RBT began/will begin.

Then scroll down the form to continue.

Phone: (601) 359-6792; Website: <u>www.msautismboard.ms.gov</u> ; Email: <u>admin@msbop.ms.gov</u>
<b>Behavior Technician Registration Form</b> Behavior Analysts and Assistant Behavior Analysts licensed by the Mississippi Autism Board are required to register an all Behavior Technicians providing applied behavior analysis treatment services under his/her supervision and direction within 7 days of assuming supervision responsibilities. Behavior Analysts and Assistant Behavior Analysts are required to provide the Mississippi Autism Board an updated "Behavior Technician Registration Form" any time a new behavior technician is under his/her supervision. Complete all of the information for each behavior technician under your supen below. All Behavior Technicians must have a Registered Behavior Technician <sup>TM</sup> Supervisee Certification Number from 1 Behavior Analyst Certification Board <sup>R</sup> . Evidence of such qualification must be submitted along with this form. <u>The</u> <u>Registration fee for each behavior technician is \$25.00. The fee for each Behavior Technician listed on this form</u> <b>must b</b> <b>mailed along with the invoice provide on the next screen</b> to the Mississippi Autism Board to process.
Behavior Analyst/Assistant Behavior Analyst Information
LBA: <u>Kris Caintest</u>
Mississippi License No.: 220074
Employer: Select Organization
Behavior Technician Information
RBT First Name: Laken RBT Last Name: Jones
Supervisee Certification No.: <u>19-102149</u>
Date Supervision Began:

# Step 7B

Review the statements and confirm your agreement with each of them by checking the box below the statements.

#### **Behavior Technician Registration Information** Read each of the following statements and confirm your agreement with those statements by checking the box below the statements. 1. As supervisor, I have confirmed the RBT listed below has successfully completed a criminal background check as required by the BACB. In my professional opinion and to the best of my knowledge, the RBT's revealed history did not reveal a matter tht would preclude employment as a RBT. 2. Lattest that Lunderstand that Miss. Code Ann, 73-75-1 Rule 9.2 deems my license may be denied, suspended, or revoked should the RBT listed below under my supervision engage in unethical or questionable practices. 3. I attest that I understand that Miss. Code Ann. 73-75-1 Rule 9.2 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 RBT listed below to violate any of Miss. Code Ann. 73-75-1 and/or any law. 4. I attest that I understand that Miss. Code Ann. 73,75-1 Rule 9.2 deems my license may be denied, suspended, or revoked should I fail to provide appropriate supervision of the RBT listed below. Therefore, I attest that I am providing and will continue to provide supervision of the RBT for a minimum of 5% of the hours spent by the RBT providing ABA services per month (including at least 2 face-to-face, synchronous (real-time) supervisory meetings per month - not performed over phone or via email; with at least one of these meetings including observing the RBT listed below providing services and a minimum of one of these meetings bring individual to the RBT). 5. I attest that I understand that Miss. Code Ann. 73-75-1 Rule 9.3E the Mississippi Autism Board may audit my supervision record(s) of this RBT at its discretion. 6. I attest that I will maintain supervision records as designated in Miss. Code Ann. 73-75-1 Rule 9.3E These records will be available to the Board upon the Board's request without undue delay. 7. I attest that upon termination of supervision I will notify the Board in writing of such termination and the date of terminati and return the certificate of registration of the RBT to the Board (within 7 days of termination). By checking this box I am attesting that I have read and agree to the above statements.

# Step 7C

- 1. Enter any information that the board should know about the RBT or your arrangement.
- 2. Type your full name as your electronic signature and
- 3. Click submit

By checking this box I am attesting that I have read and agree to the above statements.
Comments: Please provide any additional details or information related to the Behavior Technician supervision information completed above that you deem percessant for the Board's review and/or documentation purposes
above that you deem necessary for the board's review and/or documentation purposes.
2
Enter your full name as your electronic signature:

### Step 8

You have the choice of paying online or by mailing a check to the board office. Click preferred payment option.

<b>RBT Registration Invoice</b>
Behavior Technician Registration fees paid online must be paid individually when using this form. To pay by credit card, debit card or electronic check: Pay Online
To mail a check: Pay by Check

# Pay by Check

If you choose pay by check you will be taken to a screen to print an invoice to include with your check when you mail it to the board office.

Date: 9/11/2024	Print and Mail with Check
Invoice No. BA-1085	
Payable to:	aand
P.O. Box 20	bard
Jackson, MS 39205	
	by at The Perfect Child
Application Fee fo	or Registration of Behavior Technicians: \$25.00

# Pay Online - Step 1

If you choose to pay online with either a credit card or debit card or electronic check, you will be taken to the shopping cart to begin the process. Check the box next to the item that you need to pay.

Click Next

Online Payn	nent		
	Payment from		
Rece	ipt Number: OL-1086		
	Check the item below that you need to order.		
	Payment includes:	Amount	
	**** Other Options ****		
	\$25 - Registration_Fee of Behavior Technicians -      Number? 1	\$0.00	
	Other: \$ 1     Desc:	\$0.00	
	Total	\$0.00	
	Previous Reset Selection Next		

# Pay Online - Step 2

When you click Next you will be taken to the following screen that informs you that you are about to be taken to the State of Mississippi's Online Payment System.

Once you've read the page and are ready to continue, click the Continue with Payment button.

Checkout	
	At this time you will be taken to the State of Mississippi's Online Payment System to complete your license request.
	Please click the button below to make your payment of <u>\$25.00</u> . A convenience fee will also be added to the online payment. You will see the amount of this fee before you complete the payment.
	Back Continue with Payment

# **Payment Screens**

Fill out the payment screens and then you will be returned to the MSAB web site to receive your receipt.

SISSIPPI'S OPPICIAL ST					
1 Payme	nt Type 2 C	ustomer Info <b>3</b> Payment		4 Subm	it Payment
Transad	tion Detail				
SKU	Description		Unit Price	Quantity	Amount
00000021	This payment includes;	Registration Fee	\$25.00	1	\$25.00
Total					\$25.00
Paymer	nt				
Payment	Туре				
		Payment Type *			
		Select One	~		
				Ne	xt 🔰

# **Payment Receipt**

The board office will be notified of your payment.

Thank you for your of	nline payment.
Below is your receipt. Please pr	rint this for your records.
<u>Frint Receipt</u> of ch	
Receipt Number:	
· · ·	
00544	
02541	
02541	\$25.00
02541 Subtotal	\$25.00
02541 Subtotal Transaction Fee	\$25.00 