

Mississippi Autism Board

P.O. Box 20 Jackson, MS 39205

Phone: (601) 359-6792; Website: www.msautismboard.ms.gov; Email: admin@msbop.ms.gov

Behavior Technician Registration Form

Behavior Analysts and Assistant Behavior Analysts licensed by the Mississippi Autism Board are required to register any and 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/hersupervision. Complete all of the information for each behavior technician under your supervision below. All Behavior Technicians must have a Registered Behavior Technician™ Supervisee Certification Number from the Behavior Analyst Certification Board®. Evidence of such qualification must be submitted along with this form. The Registration fee for each behavior technician is \$25.00. The fee for each Behavior Technician listed on this form **must accompany this form** for the Mississippi Autism Board to process.

Behavior Analyst/Assistant Behavior Analyst Information

LBA/LABA Name:		Mississippi License No.:	
Employer:			
Mailing Address:			
City, State:		Zip Code:	
Business Phone:		Fax:	
Email:			

Behavior Technician Registration Information (This form may be utilized to register up to 2 RBTs.)

Behavior Technician #1: Please complete the following attestations by initialing beside each statement of attestation:

	As supervisor, I have confirmed the RBT listed below has successfully completed a criminal background registry 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 that would preclude employment as a RBT.
	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 RBT listed below 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 RBT listed below 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 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 being individual to the RBT).
	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 RBT 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 and the date of termination and return the certificate of registration of the RBT to the Board (within 7 days of termination).

RBT Name:		Supervisee Certification #:	
Business Address:			
Home Address:			
Business Phone:		Date Supervision Began:	

Behavior Technician #2: Please complete the following attestations by initialing beside each statement of attestation:

	As supervisor, I have confirmed the RBT listed below has successfully completed a criminal background registry 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 that would preclude employment as a RBT.
	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 RBT listed below 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 RBT listed below 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 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 being individual to the RBT).
	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 RBT 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 and the date of termination and return the certificate of registration of the RBT to the Board (within 7 days of termination).

RBT Name:		Supervisee Certification #:	
Business Address:			
Home Address:			
Business Phone:		Date Supervision Began:	

Comments

Please provide any additional details or information related to the behavior technician supervision information completed above you deem necessary for the Board’s review and/or documentation purposes.

Licensee Signature

Date

****To remove RBT’s from your supervision, use the “Behavior Technician Removal Form”.