

Mississippi Autism Board

Behavior Technician Registration Form

Form Checklist (Please submit the following along with this registration form)

- ☐ Attached Verification of Registration with the Behavior Analyst Certification Board
- ☐ Registration Fee (\$25) payable to Mississippi Autism Board

Supervising Behavior Analyst/Assistant Behavior Analyst Information

License Number:		
Licensee First Name:		Licensee Last Name:
Employer:		
Street Address:		
City:		State:
Zip Code:		
Phone Number:		Fax:
Email Address:		

Behavior Technician Information

First Name:		Last Name:
RBT Certification No:		
Beginning Date of Supervision:		

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: