

Mississippi Autism Board

Behavior Technician Removal Form

Form Checklist (Please submit the following with this form)

Attached Mississippi Autism Board RBT Certificate

<u>Supervising Behavior Analyst/Assistant Behavior Analyst Information</u>	
License Number:	
Licensee First Name:	Licensee Last Name:
Employer:	
Street Address:	
City:	State:
Zip Code:	
Phone Number:	Fax:
Email Address:	

<u>Behavior Technician Information</u>	
First Name:	Last Name:
RBT Certification No:	
Ending Date of Supervision:	

<u>Comments:</u>
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: