

## Licensed Behavior Analysis Supervisor Attestation for Program Graduates

Use this form **ONLY** if you are applying/have applied for a New York State Graduate Permit as a  
Licensed Behavior Analyst or Certified Behavior Analyst Assistant

**Applicant Instructions:** Complete Section I. Have your supervisor complete Section II. It is your responsibility to ensure your supervisor fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.

Check what you are applying for (check one):  Licensed Behavior Analyst  **71**  Certified Behavior Analyst Assistant  **78**

### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_ 2. Birth Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_

4. Degree in Applied Behavior Analysis or Related Field:  
College or University Name \_\_\_\_\_  
Address \_\_\_\_\_  
Title of Degree Awarded \_\_\_\_\_ Date Degree Awarded \_\_\_\_\_  
mo. day yr.

### Section II: Certification of Supervision

Before undertaking the supervision of an applied behavior analysis program graduate, licensed behavior analysts must ensure that the graduate meets the education requirements for certification by the Behavior Analyst Certification Board (BACB) and is seeking to complete BACB experience and/or examination requirements under supervision in New York. The supervisor is encouraged to contact BACB for clarification of their requirements.

Under Education Law §8807(9), the conduct, activities and/or services that a program graduate can engage in are those defined as the practice of applied behavior analysis in the Education Law. Supervision of the program graduate must be in accordance with standards established by the BACB for experience and record-keeping. The supervisor must be employed by the setting in which the graduate is completing experience and be paid by the setting, not the applicant.

In addition, the supervising licensed behavior analyst must submit this form and attestation before commencing the supervision of any program graduate.

The licensed behavior analyst's supervision of a program graduate must be undertaken only with special care and professional judgment in order to ensure the safety and well-being of the patient(s) receiving applied behavior analysis services under supervision. The supervising LBA is responsible for maintaining patient records in accordance with applicable laws, including retention and patient access to those records.

The supervising licensed behavior analyst must notify the patient (or person legally responsible for the patient if the patient is a minor, or otherwise incapable of consenting) when services will be provided by a graduate under supervision, and must provide the patient or designated health care surrogate the opportunity to object to the use of a program graduate to provide applied behavior analysis services under supervision.

**Use of a program graduate by a licensed behavior analyst is subject to the full disciplinary and regulatory authority of the Board of Regents and the Department pursuant to Title VIII of the Education Law.**

Supervisor's Name \_\_\_\_\_

I am licensed and currently registered to practice in New York State as a Licensed Behavior Analyst

New York State License number \_\_\_\_\_ Date licensed \_\_\_\_\_  
mo. day yr. Registration Expiration Date \_\_\_\_\_  
mo. day yr.

**Section II: Certification of Supervision (continued)**

**Employer (All employers and practice sites of the permittee must be located in New York State.):**

Business Name \_\_\_\_\_  
(Spell out/No abbreviation)

Business Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *Telephone* \_\_\_\_\_ *Fax* \_\_\_\_\_ *Email*

**Setting in New York State where supervised experience will take place (if different than employer):**

Setting \_\_\_\_\_  
(Spell out/No abbreviation)

Setting Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *Telephone* \_\_\_\_\_ *Fax* \_\_\_\_\_ *Email*

**Attestation**

I attest that the program graduate's conduct, activities, or services will be limited to the supervised provision of applied behavior analysis services, as defined in Education Law section 8802 pursuant to a diagnosis and prescription or order from a person who is licensed or otherwise authorized to provide such services. Supervision will be provided in accordance with applicable New York laws, rules, and regulations, to meet the requirements for certification by the Behavior Analyst Certification Board (BACB).

I attest that I am employed in the same setting as the program graduate who will practice under supervision and am responsible for the services provided to a patient by the program graduate under supervision.

I attest that my use of such program graduate will be undertaken only with special care and professional judgment in order to ensure the safety and well-being of the patient considering the severity of the symptoms, the age of the patient and the length of the examination process, and will include appropriate ongoing contact with me at appropriate intervals.

I attest that I will notify the patient or designated health care surrogate that I may utilize the services of a program graduate to provide ABA services under supervision and will provide the patient or designated health care surrogate the opportunity to object to my plan to utilize a graduate.

I hereby attest that the information contained herein is true and accurate and acknowledge that the use of a program graduate is subject to the full disciplinary and regulatory authority of the Board of Regents and the Department pursuant to Title VIII of the Education Law.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Submitting this form**

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, upload this form to: <https://eservices.nysed.gov/professions/wf/document>.

You will need the Application ID of your limited permit submission that was emailed to you and your date of birth.

**Or**

You can submit this form to the Department by email at [DPLSExperience@nysed.gov](mailto:DPLSExperience@nysed.gov).

**Or**

You can mail this form along with any required documentation to: New York State Education Department, Office of the Professions, Applied Behavior Analysis Unit, 89 Washington Avenue, Albany, NY 12234-10000