



Board Certified Autism Technician Documentation of Relevant Experience

BCAT Candidate Information

Name:

Address:

Email:

Phone:

Date of Birth:

Employer, if applicable:

Employer's Address:

The undersigned certifies that the information provided herein, including but not limited to training documentation, is true and correct to the best of the undersigned's knowledge.

Date :

Signature of Candidate

Person verifying training

Name:

Address:

Email:

Phone:

BCBA Certification Number:

Other Professional License (include state and license number)

Relationship to BCAT Candidate : ☐ Employer ☐ Instructor

The undersigned certifies that the information provided herein, including but not limited to training documentation, is true and correct to the best of the undersigned's knowledge.

Date :

Signature of Person Verifying Experience

To be completed by person verifying experience:

Candidate acquired experience working directly with autism spectrum disorder

Using the principles and procedures of applied behavior analysis in the following environments:

(Check all that apply, complete hours and dates, initial each entry.)

**TOTAL HOURS OF
EXPERIENCE :**

	#HOURS	DATES	SUPERVISOR'S INITIALS
Client's home			
School			
Community			
Daycare			
Center			