Board Certified Autism Technician
Documentation of Relevant Training

BCAT Candidate Infomation

Name:

Address:

Email: Phone:

Date of Birth:

Employer, if applicable:

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 Training

To be completed by person verifying training:

Please indicate and initial the content that comprised the 40-hour training and the estimate amount of time dedicated to each content area (see BCAT Task List for additional details.)

	HOURS	SUPERVISOR'S INITIALS
Autism Spectrum Disorder (knowledge of core deficits, evidence-based treatment, seminal research)		
Principles of Applied Behavior Analysis		
Skill Acquisition (DTT, NET, caregiver training, etc.)		
Reduction of Problem Behavior		
Data Collection		
Ethical and Legal Considerations		

Total hours of training: