



# Board Certified Autism Technician Documentation of Relevant Experience

## BCAT Candidate Information

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

\_\_\_\_\_  
Certificant/Applicant Signature

## 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

\_\_\_\_\_  
Certificant/Applicant Signature

To be completed by person verifying experience:

Candidate acquired experience working directly with individuals 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	INITIALS
<input type="checkbox"/> Client's home			
<input type="checkbox"/> School			
<input type="checkbox"/> Center			
<input type="checkbox"/> Daycare			
<input type="checkbox"/> Community			