



# Board Certified Autism Technician Documentation of Relevant Training

## 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 training:

Please indicate & initial the content that comprised the 40-hour training & estimated amount of time dedicated to each content area: *(BCAT Task List for additional details.)*

**TOTAL HOURS  
OF TRAINING**

# Hours	INITIALS	
		<input type="checkbox"/> Autism Spectrum Disorder (knowledge of core deficits, evidence-based treatment, seminal research)
		<input type="checkbox"/> Principles of Applied Behavior Analysis
		<input type="checkbox"/> Skill Acquisition (DTT, NET, caregiver training, etc.)
		<input type="checkbox"/> Reduction of Problem Behavior
		<input type="checkbox"/> Data Collection
		<input type="checkbox"/> Ethical and Legal Considerations