Board Certified Autism Technician Documentation of Supervision

Name of BCAT: _____ BCAT No: _____

BCAT Supervision							
Month/Year	**# Faceto Face**	**# Group**	**# Individual**	**Supervised Hours**	**Total ABA Hours**	**Supervision %**	**Supervisor signature** (Only required if different than signature below)

To the best of my knowledge, the information provided on this form is true and correct.

_____ _____

Signature of BCAT Date

_____ _____

Signature of Supervisor Date

_____ _____

(Additional supervisor may sign here when applicable.) Date

BCATs require ongoing supervision by a professional who possesses a license and/or certification by a national entity to practice ABA and who is acting within the scope andcompetency of his/her license or certification. Each BCAT shall be supervised for no less than 5% of the service hours in which the BCAT implements a treatment plan using the principles and procedures of ABA. Supervision may be conducted via the Internet in accordance with all applicable privacy regulations and must include a minimum of two synchronous face-to-face contacts every 30 days, with the supervisor observing the BCAT provide services to an individual with autism spectrum disorder during at least one of the two contacts. Documentation of supervision must be maintained by the BCAT on the BCAT Documentation of Supervision form, which requires attestation by thesupervisor(s). A supervision log should be kept for 2 years in case of an audit by BICC. BCATs must submit the BCAT Documentation of Supervision forms when applying for renewal of their certification.

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