

Section II: Report of Experience

Instructions to Supervisor: Read the accompanying 4Inf before completing this section. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department, please provide any such information in a letter attached to this form. Please include the applicant's full name and social security number in your letter and indicate that he/she is an applicant for licensure in applied behavior analysis in New York State.

Sign the Supervisor's Attestation or if you do not sign the attestation, please explain why you did not do so in a letter attached to this form.

Submit all pages of this form in a sealed official envelope to the Office of the Professions at the address at the end of the form. **Do not return this form to the applicant. This form will not be accepted if submitted by the applicant.**

Applicant Name: _____
(Section I, item 3)

A. Supervisor Information

Supervisor Name: _____

Title: _____ Degree: _____

Telephone: _____ Fax: _____ E-mail: _____

Do you own or were you employed by the setting/organization named by the applicant in Section I, item 6? Yes No

Are you responsible for and/or did you implement the design, coordination, integrity, and quality of the applicant's experience and are you:

• a licensed behavior analyst? Yes No*
*For experience completed before January 9, 2016, did you hold a BACB certification and gain New York State licensure by January 9, 2016? Yes No

• For post-degree experience gained in another jurisdiction that meets all the legal requirements for practice in that jurisdiction, were you licensed as a behavior analyst to provide applied behavior analysis services? Yes No

• an authorized health care practitioner who currently diagnoses, prescribes or orders treatment involving applied behavior analysis in your professional practice for persons with autism and autism spectrum disorders and related disorders? Yes No

If "Yes": State: _____ License Number: _____ Date of Licensure: _____ / _____ / _____
mo. day yr.

B. Type of Setting/Organization

Exempt Setting

- State Agency
- Federal Agency
- Municipal Agency
- County Agency
- Chartered Elementary/Secondary School
- Preschool or Early Intervention Program
- University/College
- Program licensed, certified, operated, approved, registered or funded and regulated by:

- Office for People with Developmental Disabilities (OPWDD)
- Office of Children and Family Services (OFCS)
- Office of Mental Health (OMH)

Other Practice Setting

- Private Hospital, Clinic, Health Related Facility, etc.
- Corporate Entity
- Research Institute
- Employee in a Private Practice Setting
- Other (please specify): _____

Section II: Report of Experience (Continued)

C. Applicant Employment Experience:

1. Training Title

Provide the title assigned to the applicant during the period of training:

2. Intensity

How many hours per week was the applicant employed or engaged in supervised work?

Licensed Behavior Analyst: part-time =10 to 19 hours; full-time = 20 or more hours

Certified Behavior Analyst Assistant: part-time = 5 to 9 hours; full-time = 10 or more hours

_____ hrs./week

Part-time Experience: Dates of work: From _____ / _____ / _____ to _____ / _____ / _____ Total hours: _____
mo. day yr. mo. day yr.

Full-time Experience: Dates of work: From _____ / _____ / _____ to _____ / _____ / _____ Total hours: _____
mo. day yr. mo. day yr.

3. Frequency and nature of supervision

Experience was distributed over at least two days per week. Yes No

Supervision occurred weekly. Yes No

Number of hours of individual face-to-face supervision per week: _____

4. Duration of Supervision

Began on: _____ / _____ / _____ and ended on _____ / _____ / _____.
mo. day yr. mo. day yr.

5. Employment Duties

Did the experience include the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior? Yes No

Were the applied behavior analysis activities for the sole purpose of providing behavioral health treatment for persons with autism and autism spectrum disorders and related disorders, pursuant to a diagnosis and prescription or order from a person who is licensed or otherwise authorized to provide such diagnosis and prescription or ordering of services? Yes No

Was the experience gained teaching applied behavior analysis courses for not less than six credits per semester for no fewer than four months a semester? Yes No

Supervisor's Attestation

Please note: If you have any reservations about the applicant's professional competence, professional conduct or moral character, please check the box below and explain any such reservations in a letter and attach it to this form.

I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work experience and that, except as otherwise noted on any attached correspondence, the work experience described by the applicant and the time claimed for it are true and accurate

Supervisor's Signature _____ mo. / day / yr.

Print Name _____

I cannot so certify, letter of explanation attached.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Applied Behavior Analysis Unit, 89 Washington Avenue, Albany, NY 12234-1000.