

Behavior Analyst Certification Board®
RBT Training and Competence Attestation for Alternative Pathway

This form must be submitted to the BACB if RBT training was completed prior to January 1, 2015 and in more than 180 days. The RBT applicant must upload this completed form as the proof of training in their RBT application.

RBT Applicant Name:

BCBA or BCaBA Name: _____

BCBA or BCaBA Certificate Number: _____

By signing below, I affirm that

- The 40-hour training completed by the applicant named above covered the RBT Task List and was provided by a BACB certificant in good standing at the time the training was conducted; and
- Since completion of the training, the applicant has performed the task list duties at an acceptable level.
- As with any documentation required by the BACB, submission of inaccurate information on this form may be grounds for sanctions against my certification status, as provided in the BACB Professional Disciplinary Standards.

BCBA or BCaBA Signature

Date