



RBT® Certification Application Attestation form

Effective January 2, 2025

Overview

To apply for RBT certification, an applicant must have this form below completed by a qualified attester who will verify that the applicant meets the age, background check, and education requirements as stated in the [RBT Handbook](#).

The RBT applicant will submit this form to the BACB in their RBT Certification application. The form must be signed within 90-days of paying for the RBT certification application. All fields of this form must be completed. Incomplete forms will be denied.

A. RBT Applicant Information

Applicant Legal Name: _____

BACB ID # (obtain from the applicant; located in their [BACB Account](#)): _____

B. Attesting Certificant Information

The Attesting Certificant must:

- hold an active BCaBA, BCBA (BCBA-D), or FL-CBA and
- be employed at the same organization as the applicant or have a contractual relationship with the organization that employs the applicant

Attesting Certificant Legal Name: _____

Certification Type: BCaBA BCBA BCBA-D FL-CBA

BACB Certification # or BACB ID (located in the Attesting Certificant's [BACB Account](#)): _____

Name of organization where all parties are employed or have a contractual relationship: _____

Relationship of attesting certificant to this organization: Employed Contracted*

**Contract with organization may be requested in the event of an audit.*

C. Attestations

By signing below, I (Attesting Certificant):

- Confirm that the applicant named above is at least 18 years of age; and
- Confirm that the applicant named above has completed at least a high-school level education or equivalent; and
- Confirm that the applicant passed a criminal background check comparable to those required of home health aides, child care professionals, and teachers in the community where services will be provided within 180 days of them submitting their application.

The background check was conducted (*complete ONE of the following fields*):

On _____ (MM/DD/YYYY, date must be within 180 days of the application being submitted) **OR** Via continuous monitoring with the initial background check on _____ (MM/DD/YYYY)

- Confirm that the applicant cleared an abuse registry check comparable to those required of home health aides, child care professionals, and teachers in the community where services will be provided within 180 days of them submitting their application. If the applicant resides in a state or province without an abuse registry or if the abuse registry information is provided in the criminal background check, then you may enter the date of the criminal background check in the field below.

The abuse registry check was conducted on _____ (MM/DD/YYYY, date must be within 180 days of the application being submitted)

- Acknowledge and agree that submitting falsified or inaccurate information to the BACB constitutes a violation of the BACB's ethics requirements.

ATTESTING CERTIFICANT PRINTED NAME: _____

ATTESTING CERTIFICANT SIGNATURE: _____ DATE: _____ (MM/DD/YYYY)

This document must be signed in accordance with the [Acceptable Signatures Policy](#).

Keep a copy of this completed form and the supporting documentation for at least 7 years, as the BACB may request this information during an audit.