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**BA CANDIDATE
Provider Type 445 Specialty 099
ATTESTATION**

Name of Practitioner _____
Practitioner NPI _____
Practitioner Medicaid Provider Number (if currently enrolled) _____

Name of Agency _____
Agency NPI _____
Agency Medicaid Provider Number _____

Contracted with:

- Blue Cross/Blue Shield of New Mexico
- Presbyterian Health Plan
- Western Sky Community Care
- Not yet enrolled

I, **INSERT YOUR NAME**, hereby attest: I will comply with standards as set forth in the New Mexico Administrative Code (NMAC) rules and any subsequent supplements or policy and billing manuals to render Applied Behavior Analysis (ABA) State 2-Assessments and ABA Stage Three-Intervention services. In addition:

- 1) I have attached my master's degree from an accredited university which the Behavior Analyst Certification Board (BACB) recognizes towards earning a Board Certified Behavior Analyst (BCBA) certificate.
- 2) I have completed the BACB's BCBA coursework requirements and I have at least completed 50% of my defined practical experience in ABA.
- 3) I will complete the remainder of BACB's requirements and hold a BCBA within six months of my first date of service.
- 4) If I fail to hold a BCBA certificate within this timeframe, I must stop rendering ABA Stage 2 and 3 services until such time as I am a BCBA. At that time I will complete and submit a new BCBA attestation.
- 5) I must comply with BACB's Professional and Ethical Compliance Code for Behavior Analysts.
- 6) I will report any change in my certification status in-between renewals immediately to my agency and to the MAD ABA Manager and each Human Services Department (HSD) contracted managed care organizations (MCOs).
- 7) I have successfully completed a New Mexico criminal background registry check prior to rendering ABA services.

Print Name and Title, Date and Sign

AGENCY USE

I, **INSERT NAME of AGENCY OFFICIAL**, hereby attest that **INSERT PRACTITIONER'S NAME** has presented documentation to substantiate they have completed their BCBA coursework and have at least completed 50% of their defined practical experience requirements. The agency has placed a copy of coursework completion and hours towards completing their practical experience in their personnel file. The agency takes responsibility for monitoring the Candidate's completion of their BCBA requirements. The agency take responsibility for stopping the Candidate from rendering services if they fail to hold a BCBA certificate within 6 months of their first date of service.

Print Name and Title, Date and Sign