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**BEHAVIORAL HEALTH WORKER**  
**Board Certified Assistant Behavior Analyst**  
**Provider Type 430 Specialty 151**  
**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 that I meet the 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) Stage 2- Assessment and ABA Stage 3-Treatment Services as a Medical Assistance Division (MAD) approved Behavior Analyst Certification Board® (BACB) Board Certified Assistant Behavior Analyst® (BCaBA).

- 1) I have attached my current BCaBA certificate.
- 2) I will maintain my BCaBA® certification throughout the time I render ABA Stage 2 and Stage 3 services and provide MAD's fiscal agency with certification renewals prior to the expiration of my current certificate.
- 3) I am at least 18 years of age hold a bachelor's degree.
- 4) I have successfully completed a New Mexico criminal background registry check prior to rendering ABA services.
- 5) I will report any change in my certification status in-between renewals immediately to my agency, MAD ABA Manager, and each Human Services Department (HSD) contracted managed care organizations (MCOs).

*Print Name and Title, Provider Type Title, Date and Sign*

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**AGENCY USE**

I, *INSERT NAME of AGENCY OFFICIAL*, hereby attest that *INSERT PRACTITIONER'S NAME* has presented documentation to substantiate *their* required training (listed above) and current credential status as a BCaBA. The agency has placed a copy of *INSERT PRACTITIONER NAME* BCaBA certificate and will place all subsequent renewals in *their* personnel file.

*Print Name and Title, Date and Sign*

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