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**Behavior Analyst Certification Board  
Qualifying Psychologist  
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 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 Qualifying Psychologist. In addition:

- 1) I have attached my current practice board's license as a psychologist and my certification with the American Board of Professional Psychology in Behavioral and Cognitive Psychology as a Applied Behavior Analysis Specialist.
- 2) I will maintain my license and certification throughout the time I render ABA Stage 2 and Stage 3 services and provide MAD's fiscal agency with license and certification renewals prior to the expiration of my license and certification.
- 3) I will report any change in my license and 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).

*Print Name and 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 licensure and certification requirements to render ABA Stage 2 and 3 services. The agency has a placed a copy of their license and certificate and will place all subsequent renewals in their personnel file.

*Print Name and Title, Date and Sign*

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