

Behavioral Specialist Training Verification Requests

If you are seeking verification of training to meet the Behavioral Specialist license requirements you must send the following documentation to the department. Please check that each item is checked and the necessary items are included. Remember to include this form as a cover sheet.

Official IUP transcripts. You must request this from the registrar's office.

A Completed Form 5

Please provide the personal information requested on page 6 of the application and the course specific information taken directly from your transcripts on page 7 of the application. See the following chart for the equivalent IUP courses that meet training requirements.

Behavior Specialist Requirements	IUP Courses Equivalent
Three hours of professional ethics approved by the BAS	None
Eighteen hours of autism-specific coursework or training	None
Sixteen hours of assessments coursework or training	COUN 624 or COUN 634 or COUN 633
Sixteen hours of instructional strategies and best practices	None
Eight hours of crisis intervention	COUN 677 or COUN 681* – Crisis Counseling
Eight hours of comorbidity and medications	COUN 671 or COUN 681* – Diagnosis for Counselors
Five hours of family collaboration	COUN 672 or COUN 681* – Family Counseling
Sixteen hours of addressing specific skill deficits training	None
* These courses were offered as special topics courses (COUN 681) until the specific course number was officially approved.	

Provide a 9x12 addressed stamped envelope with the mailing address of the State Board of Medicine:

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Sign and return this document to:

Department of Counseling
1175 Maple Street
Indiana, PA 15705-1048
Attention: BSC License

I, _____ (print name), give the IUP Department of Counseling permission to audit my transcripts for my licensure application for Behavioral Specialist and to release the results of that audit to the State Board of Medicine.

Signature

Date

Email Address (Please print): _____

VERIFICATION OF EDUCATION – Form 2

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last	First	Middle
NAME OF COLLEGE/UNIVERSITY:			
ADDRESS:	City	State	ZIP

SECTION 2 – TO BE COMPLETED BY PROGRAM DIRECTOR OF YOUR MAJOR COURSE OF STUDY

NAME OF DEGREE PROGRAM:				
MAJOR COURSE OF STUDY:		<input type="checkbox"/> Behavioral Analysis	<input type="checkbox"/> Special Education	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> School, Clinical, Developmental or Counseling Psychology	<input type="checkbox"/> Professional Counseling	<input type="checkbox"/> Social Work	<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Nursing Specialty _____	<input type="checkbox"/> Another Related Field (List Specific Field): _____			
<i>If you check this box, you must complete and submit Form 6</i>				
NAME OF STUDENT:		Last	First	Middle
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:	Month	Day	Year	DATE OF GRADUATION:
				Month
				Day
				Year

Request the college/university submit an official transcript and request that the transcript be sent directly to the board in an official envelope from the college/university or their authorized agent.

IF YOU CANNOT OBTAIN VERIFICATION THAT YOUR PROGRAM INCLUDED THE FOLLOWING COURSES/HOURS, YOU MUST COMPLETE AND SUBMIT FORM 5 – VERIFICATION OF 90 HOURS OF EVIDENCE-BASED COURSEWORK.

Check Box I CERTIFY THAT THE MASTER'S DEGREE PROGRAM INCLUDED AT LEAST 90 HOURS OF EVIDENCE-BASED COURSEWORK AS FOLLOWS:

- 3 HOURS OF PROFESSIONAL ETHICS
- 16 HOURS OF ASSESSMENT COURSEWORK OR TRAINING
- 8 HOURS OF CRISIS INTERVENTION
- 5 HOURS OF FAMILY COLLABORATION
- 18 HOURS OF AUTISM-SPECIFIC COURSEWORK/TRAINING
- 16 HOURS OF INSTRUCTIONAL STRATEGIES & BEST PRACTICES
- 8 HOURS OF CO-MORBIDITY & MEDICATIONS
- 16 HOURS OF ADDRESSING SPECIFIC SKILL DEFICITS TRAINING

SIGNATURE OF PROGRAM DIRECTOR:

DATE: Month Day Year

(Seal of college/university)

Upon completion, the school must return this form directly to the Pennsylvania State Board of Medicine in an official school envelope.

**DO NOT RETURN THIS FORM
TO THE APPLICANT**

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

PENNSYLVANIA STATE BOARD OF MEDICINE

VERIFICATION OF 90 HOURS OF EVIDENCE-BASED COURSEWORK

Form 5

USE THIS FORM ONLY IF YOUR PROGRAM DIRECTOR CANNOT VERIFY THAT YOUR DEGREE PROGRAM INCLUDED THE COURSEWORK LISTED IN SECTION 2 OF FORM 2.

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last	First	Middle
	NAME OF COLLEGE/UNIVERSITY or TRAINING PROGRAM:		
ADDRESS OF COLLEGE/PROGRAM:		Street	
ADDRESS:	City	State	ZIP

Submit this form to the college/university/training program where you completed the coursework. Request the education provider return the completed form along with an official transcript and/or certificate(s) of attendance directly to the board.

If submitting proof of coursework completed through BACB continuing education or BAS approved training, appropriate certificate(s) of attendance/completion must be provided. The certificates/course evaluations/tests MUST list the topic(s) and hours completed.

This coursework may be in-person instruction-led or online distance education.

Every application must include verification of ALL of the following evidence-based coursework (90 contact hours) from an accredited college or university or training approved by the BACB or the BAS:

- 3 hours of professional ethics approved by the BAS
- 18 hours of autism-specific coursework or training
- 16 hours of assessments coursework or training
- 16 hours of instructional strategies and best practices
- 8 hours of crisis intervention
- 8 hours of co-morbidity and medications
- 5 hours of family collaboration
- 16 hours of addressing specific skill deficits training

If you completed one or more of these requirements at different schools/continuing education programs, make a copy of the verification of evidence-based coursework form and have each provider verify ONLY the specific hours/coursework completed through their program.

You must submit verifications to comply with all of coursework required. The verification of evidence-based coursework requirement for licensure will NOT be considered complete until all 90 hours of the required coursework have been verified.

Name of Applicant: _____

SECTION 2 – TO BE COMPLETED BY DEAN/REGISTRAR OR DIRECTOR OF COLLEGE/PROGRAM

I CERTIFY THAT THE INDIVIDUAL LISTED ABOVE AND IN SECTION 1 OF THIS VERIFICATION OF EVIDENCE-BASED COURSEWORK FORM HAS COMPLETED THE ITEMS CHECKED BELOW and, IF NOT COLLEGE/UNIVERSITY BASED, THAT THE COURSEWORK OR TRAINING IS APPROVED BY THE BACB OR THE BAS
Please Check the Appropriate Box(es) and List Course # and Title

<input type="checkbox"/>	3 hours of professional ethics approved by the BAS Course #: _____ Course Title: _____	<input type="checkbox"/>	18 hours of autism-specific coursework/training Course #: _____ Course Title: _____
<input type="checkbox"/>	16 hours of assessments coursework or training Course #: _____ Course Title: _____	<input type="checkbox"/>	16 hours of instructional strategies & best practices Course #: _____ Course Title: _____
<input type="checkbox"/>	8 hours of crisis intervention Course #: _____ Course Title: _____	<input type="checkbox"/>	8 hours of co-morbidity & medications Course #: _____ Course Title: _____
<input type="checkbox"/>	5 hours of family collaboration Course #: _____ Course Title: _____	<input type="checkbox"/>	16 hours of addressing specific skill deficits training Course #: _____ Course Title: _____

NAME OF PROGRAM DIRECTOR:
(Print)

SIGNATURE OF PROGRAM DIRECTOR:

DATE:	Month	Day	Year
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(Seal of college, university or training program)

Upon completion, return ALL pages of this form (along with an official transcript, and/or certificates of completion that lists the specific topic(s) and coursework hours completed) directly to the Pennsylvania State Board of Medicine in an official school/program envelope. For continuing education course credit, the course must be approved by the BACB or BAS.

DO NOT RETURN THIS FORM TO THE APPLICANT

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P.O. BOX 2649
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