

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 and it must be submitted to us in a sealed envelope that was issued to you by the Registrar.

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.	

A completed Form 2

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

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

SECTION 2 – TO BE COMPLETED BY THE UNIVERSITY'S AUTHORIZED AGENT

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"/> Psychology: (School; Clinical; Counseling or Developmental)	<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 this box is checked, the university agent must sign below and 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

CHOOSE ONLY ONE OPTION BELOW

Option 1 I CERTIFY THAT THE APPLICANT COMPLETED A MASTER'S DEGREE OR POST MASTER'S CERTIFICATE PROGRAM IN THE AREA INDICATED ABOVE WHICH INCLUDED ALL 90 HOURS OF EVIDENCE-BASED COURSEWORK LISTED BELOW:

- 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

This coursework may be in-person instruction-led or online distance education and does not need to be autism-specific—unless noted.

Option 2 I CERTIFY THAT THE APPLICANT COMPLETED A MASTER'S DEGREE OR POST MASTER'S CERTIFICATE PROGRAM IN THE AREA INDICATED ABOVE. The program included some, but not all, of the 90 hours of evidence-based coursework in the content areas listed above.

IF THIS BOX IS CHECKED, A UNIVERSITY AGENT SHOULD ALSO COMPLETE AND SUBMIT FORM 5 (VERIFICATION OF EVIDENCE-BASED COURSEWORK) TO DOCUMENT THOSE COURSES/HOURS THAT WERE FULFILLED THROUGH THE GRADUATE PROGRAM.

Option 3 I CERTIFY THAT THE APPLICANT COMPLETED A MASTER'S DEGREE OR POST MASTER'S DEGREE CERTIFICATE PROGRAM IN THE AREA INDICATED ABOVE. However, the program did not include any of the 90 hours of evidence-based coursework in the content areas listed above.

SIGNATURE OF UNIVERSITY AGENT:			
DATE:	Month	Day	Year
Seal of college/university) <i>(If the college/university does not have a seal, please submit a letter signed by the university agent attesting to that.)</i>			DO NOT RETURN THIS FORM TO THE APPLICANT

Upon completion, the school must return the form(s) and transcripts directly to the Pennsylvania State Board of Medicine in an official school envelope.

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

VERIFICATION OF 90 HOURS OF EVIDENCE-BASED COURSEWORK

Form 5

USE THIS FORM ONLY IF YOUR UNIVERSITY CANNOT VERIFY THAT YOUR DEGREE PROGRAM INCLUDED ALL 90 HOURS OF 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: (check all that apply)		<input type="checkbox"/> College/University: _____ <input type="checkbox"/> BACB Continuing Education <input type="checkbox"/> BAS-Approved Training	
ADDRESS OF COLLEGE/UNIVERSITY: (if applicable)		Street	
City		State	ZIP

Every application must include verification that ALL 90 hours of evidence-based coursework have been completed. These hours can be completed through an accredited college or university; training approved by the BACB or the Bureau of Autism Services; or a combination of these options. The 90 hours must be fulfilled in the following areas:

- 3 hours of professional ethics
- 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

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. If you completed one or more of these requirements through different schools/continuing education programs, you will need to make a copy of Form 5 for each program and submit the forms following the instructions provided below.

PLEASE NOTE: THE BOARD OF MEDICINE DOES NOT EVALUATE COURSEWORK OR TRAININGS. ONLY SUBMIT SUPPORTING DOCUMENTATION THAT COMPLIES WITH THE PROCEDURES BELOW.

SECTION 2A: PROCEDURES FOR DOCUMENTING UNIVERSITY/COLLEGE COURSEWORK (if applicable)

Applicants should submit this form to the college/university where the coursework was completed. The education provider should return this completed form, along with the completed Form 2 and an official transcript, directly to the Board of Medicine in an official school/program envelope.

This coursework may be in-person instruction-led or online distance education. The university/college should verify ONLY the specific hours/coursework completed through their program.

SECTION 2B: PROCEDURES FOR DOCUMENTING BACB CONTINUING EDUCATION OR BAS-APPROVED TRAININGS (if applicable)

If submitting proof of coursework completed through BACB continuing education or BAS approved trainings, the applicant should complete and sign this form and return it directly to the Board of Medicine with all supporting documentation. The documentation of attendance/training completion MUST list the content area(s) and hours completed and include a trainer's signature. For BAS-approved trainings, submitted documentation should also include the BAS approval statement and course number.

Name of Applicant:	Last	First	Middle
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SECTION 2A – TO BE COMPLETED BY A UNIVERSITY AGENT TO DOCUMENT THAT THE DEGREE OR CERTIFICATE PROGRAM INCLUDED AT LEAST THE NUMBER OF HOURS LISTED IN EACH CONTENT AREA

Indicate the number of hours for each content area that were completed through the college/university coursework.

<input type="checkbox"/>	Professional Ethics (3 hours required)	<input type="checkbox"/>	Autism-Specific (18 hours required)	<input type="checkbox"/>	Assessments (16 hours required)	<input type="checkbox"/>	Crisis Intervention (8 hours required)
<input type="checkbox"/>	Family Collaboration (5 hours required)	<input type="checkbox"/>	Instructional Strategies & Best Practices (16 hours required)	<input type="checkbox"/>	Co-Morbidity & Medications (8 hours required)	<input type="checkbox"/>	Addressing Specific Skill Deficits (16 hours required)

I CERTIFY THAT THE INDIVIDUAL LISTED ABOVE AND IN SECTION 1 OF THIS VERIFICATION OF EVIDENCE-BASED COURSEWORK FORM HAS COMPLETED THE REQUIRED HOURS IN THE CATEGORIES CHECKED ABOVE.

NAME OF UNIVERSITY AGENT <small>(Print)</small>	
SIGNATURE OF UNIVERSITY AGENT	
DATE:	Month Day Year
Seal of college or university <i>(If the college/university does not have a seal, please submit a letter signed by the university agent attesting to that.)</i>	Upon completion, the school must return the form(s) and transcripts directly to the Pennsylvania State Board of Medicine in an official school envelope. <p align="center">DO NOT RETURN THIS FORM TO THE APPLICANT</p>

SECTION 2B – TO BE COMPLETED BY THE APPLICANT TO DOCUMENT SUPPLEMENTAL TRAININGS

Indicate the number of hours in each content area for which supplemental documentation is attached.
 If you are not submitting any hours toward a content area, leave that box blank.

APPLICANT TIP: Staple all documentation for a single content area together. You can also submit a summary cover sheet if you are submitting multiple trainings within multiple content areas for BACB or BAS coursework.

<input type="checkbox"/>	Professional Ethics (3 hours required) Total # of hours: _____	<input type="checkbox"/>	Autism-Specific (18 hours required) Total # of hours: _____	<input type="checkbox"/>	Assessments (16 hours required) Total # of hours: _____	<input type="checkbox"/>	Crisis Intervention (8 hours required) Total # of hours: _____
<input type="checkbox"/>	Family Collaboration (5 hours required) Total # of hours: _____	<input type="checkbox"/>	Instructional Strategies & Best Practices (16 hours required) Total # of hours: _____	<input type="checkbox"/>	Co-Morbidity & Medications (8 hours required) Total # of hours: _____	<input type="checkbox"/>	Addressing Specific Skill Deficits (16 hours required) Total # of hours: _____

**I VERIFY THAT I HAVE COMPLETED IN FULL THE SUPPLEMENTAL TRAININGS INDICATED ABOVE,
AND THAT THE COURSEWORK HAS BEEN APPROVED BY THE BACB OR BAS.**

SIGNATURE OF APPLICANT <small>(Print)</small>	
DATE:	Month Day Year
<input type="checkbox"/> Additional information will be submitted by a college/university	

Return this form to the Board of Medicine with any required documentation.

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
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