

**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                             |
| 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): \_\_\_\_\_

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: | 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 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/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.

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

**I CERTIFY THAT THE INDIVIDUAL LISTED ABOVE 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**

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

|   |       |     |      |   |
|---|-------|-----|------|---|
| <b>SIGNATURE OF PROGRAM DIRECTOR:</b>             |       |     |      | <p>Upon completion, return ALL pages of this form (along with an official transcript, syllabus 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. This documentation must be approved by the BACB for continuing education or be BAS approved training.</p> <p><b>DO NOT RETURN THIS FORM TO THE APPLICANT</b></p> |
| <b>DATE:</b>                                      | Month | Day | Year |   |
| (Seal of college, university or training program) |       |     |      |   |

|   |   |
|---|---|
| <p><u>Regular Mailing Address</u><br/> <b>STATE BOARD OF MEDICINE</b><br/> <b>P.O. BOX 2649</b><br/> <b>HARRISBURG, PA 17105-2649</b><br/> <b>717-783-1400/717-787-2381</b></p> | <p><u>Courier Delivery Address</u><br/> <b>STATE BOARD OF MEDICINE</b><br/> <b>2601 NORTH THIRD STREET</b><br/> <b>HARRISBURG, PA 17110</b></p> |
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