IN-ABC

Indiana Association of Behavioral Consultants

This application is to identify Registered Behavioral Consultants (RBC) as part of this professional organization. The applicant should be aware that the listed qualifications are, in some cases, in excess of the minimum requirements for Behavior Management providers in the Indiana Medicaid Waiver. The purpose of the additional requirements is to document professional stature attained by those professionals who have achieved these standards.

Please note that although membership in good standing is required for RBC status, one can be a member of IN-ABC professional organization without having RBC status.

All required application materials, **including forms, which are filled out by other individuals and transcripts,** must be received by the Professional Credentialing Committee prior to the consideration of the application. The applicant should provide a self-addressed envelope to endorsers for all Reference forms. After the endorser has completed the form, it must be sealed in an envelope provided by the applicant, stamped, and addressed and mailed directly to the Professional Credentialing Committee. **Envelopes that are not sealed in this manner or have been opened after being sealed will not be accepted.**

Send the completed application and non-refundable fee of $25.00 (checks payable to **IN-ABC**) to: *Behavioral Interventions, 2207 W Memorial Dr, Muncie, IN 47302*

The Board does not accept photocopies or fax copies of completed reference forms, as they must contain original signatures and dates. The regulations that govern the practice of behavioral support services concerning supported living services and supports for individuals with disabilities in Indiana are specified in Title 460 Division of Disability, Aging, and Rehabilitative Services. Applicants should read the applicable laws and regulations thoroughly to understand appropriate practice of behavior management services in the State of Indiana.

- The Professional Credentialing Committee (PCC) recommends that each applicant retain a copy of the completed application prior to mailing it. Your endorsers may also be willing to provide you with a copy of the document(s) submitted to the PCC, with the original sent directly to the PCC. The committee does accept copies of educational transcripts and criminal histories. Criminal background checks must have occurred within the past 3 years, as required by regulations noted above.

- Applications will be considered DENIED by the PCC if references and additional documentation requested by the Board is not received within 90 days of the date of application or 90 days of the Board's written notice request. Applicants whose application has been denied by the Board must complete the entire application process again, including the application fee, in order to be considered for registration in the future.

- **QUESTIONS?** If you have any questions about your application, please contact the Indiana Association of Behavioral Consultants PCC representative, CJ Gallihugh, at cj@gallihugh.com or see FAQ on website www.inabc.org.

As approved by the IN-ABC, the following criteria constitute partial qualifications for RBC designation:

- current membership in good standing with Indiana Association of Behavioral Consultants

AND

- be a licensed psychologist under IC-25-33 and have an endorsement as a health service provider in psychology (HSPP) pursuant to IC 25-33-1-5.1(c);

PLUS

Three (3) years of full time (1500 hours per year) experience (or part-time equivalent) in:

1. working directly with individuals with developmental disabilities, including the devising, implementing, and monitoring of behavioral support plans; and
2. the supervision and training of others in the implementation of behavioral support strategies

OR

- Master's degree in an applied area of Psychology, Social Work, Special Education, or Applied Behavior Analysis from a regionally accredited graduate program or Master's level licensure in the State of Indiana (LMHC, LMFT, LCSW, BCBA) in good standing

PLUS

three (3) years of full time (1500 hours per year) experience in:

1. working directly with individuals with developmental disabilities, including the devising, implementing, and monitoring of behavioral support plans; and
2. the supervision and training of others in the implementation of behavioral support strategies

Please note that the chosen address of a Registered Behavioral Consultant may be posted on the IN-ABC web site for use by consumers in locating RBC, and therefore the address is a matter of public record. *Any changes to your address, name, employer, or service delivery area must be made in writing to the PCC within sixty (60) days of the change.*

Application Checklist

Please ensure that all materials have been completed before sending in application.

You may keep this page for your records.

All application materials should be sent to:
Behavioral Interventions 2207 W Memorial Dr Muncie, 47302

_____ Completed and signed application packet
_____ $ 25 non-refundable application fee made out to IN-ABC
_____ Current photograph 2x2"
_____ Current resume (should support areas of experience to meet guidelines)
_____ Supervisory verification form (proving 100 hours of supervision)
_____ 2 Professional references (or more as needed)
_____ 1 Ethical reference
_____ Criminal history check (within past 3 years) copy acceptable
_____ Official transcripts (or copy) of qualifying degree (Master's or doctorate)
_____ IN ABC Member in good standing (dues current)
_____ 2 experience areas demonstrated

1) devising/implementing/monitoring BSP
2) training/supervising staff on implementation of BSP

It is important to demonstrate your experience devising/implementing/monitoring and training/supervising behavioral support plans, as identified by Indiana Code. Your letters of reference should support your listed experience. Submitted resume may include pertinent information to demonstrate applicant's three years of full-time (or part-time equivalent) experience in these areas.

Please check the FAQ page on the IN-ABC website www.inabc.org for more questions. Applicants may contact CJ Gallihugh cj@gallihugh.com with other questions.

Please attach recent 2" x2" photograph here:

1. Applicant's Full Name: _____

2. Nickname: _____

3. How should name appear on RBC certificate: _____

4. Permanent residence

Address: _____

Telephone _____ Email: _____

5. Business/Employer Name: _____

Address: _____

Telephone _____ Email: _____

6. Which address should be used for correspondence? Permanent _____ Business _____

7. Social Security Number (mandatory and confidential) _____

Your social security number is required by the PCC, to conduct appropriate background searches. This information will not be public information and will be kept confidential by the IN-ABC PCC.

8. Date of Birth _____ 9. Place of Birth _____

10. Birth/other name and date(s) of change _____

11. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/ jurisdiction from which the license/ certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/ certified, indicating the status of your license and any relevant disciplinary information.

_____

_____

_____

_____

The Professional Credentialing Committee will review your application, even if you've answered "yes" to any question. For any "yes" responses, submit a separate, detailed explanation with your application. Please include the details and outcomes, with any available supporting written evidence.

12. Has any disciplinary action been taken against you by a licensing/ certification board located in the United States or any country or foreign jurisdiction? No Yes

13. Are you the subject of pending disciplinary actions by a licensing/ certification board located in the United States or any country or foreign jurisdiction? No Yes

14. Have you ever voluntarily surrendered or resigned a professional license to a licensing/ certification board in the United States or any country or foreign jurisdiction? No Yes

15. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? No Yes

16. Have you ever been convicted of a felony in the United States or any country or foreign jurisdiction? No Yes

17. Have there been any malpractice suits filed against you? No Yes

18. Have you ever been rejected for membership in a professional organization? No Yes

19. Have you ever been censured by a professional organization or had your membership revoked, suspended or put on probation? No Yes

20. Have you ever been terminated from employment in any kind of health care setting? Yes No

21. Applicable Education – only list qualifying, graduate degree(s) (i.e. Master's, doctorate)

Note: For a list of Regional Institutional Accrediting Agencies, see the following website: http://ope.ed.gov/accreditation/Search.asp

Name of University / College: _____

Location of school/campus: _____

Was this institution regionally accredited at the time of completion of your degree? Yes No

Dates attended: _____ Date degree granted: _____

Qualifying degree: _____ Field: _____

Other degree or applicable education, most recent first

Name of University / College: _____

Location of school/campus: _____

Was this institution regionally accredited at the time of completion of your degree? Yes No

Dates attended: _____ Date degree granted: _____

Qualifying degree: _____ Field: _____

Name of University / College: _____

Location of school/campus: _____

Was this institution regionally accredited at the time of completion of your degree? Yes No

Dates attended: _____ Date degree granted: _____

Qualifying degree: _____ Field: _____

Name of University / College: _____

Location of school/campus: _____

Was this institution regionally accredited at the time of completion of your degree? Yes No

Dates attended: _____ Date degree granted: _____

Qualifying degree: _____ Field: _____

22. **Qualifying Experience** *complete each bulleted item, duplicating job titles if applicable. The applicant's Professional Reference Form(s) should verify this experience. Use additional copies of this page as needed to show proof of experience.*

- Experience in devising, implementing, and monitoring of behavioral support plans for individuals with Developmental Disabilities

Company Name: _____

Address: _____

Telephone: _____

Dates of employment: _____ (circle one:) Full-time / Part-time

Job Title: _____

Supervisor's name: _____

Explain how this work experience meets the above requirement (job duties):

_____

_____

_____

- Experience in supervising and training others in the implementation of behavioral support strategies

Company Name: _____

Address: _____

Telephone: _____

Dates of employment: _____ (circle one:) Full-time / Part-time

Job Title: _____

Supervisor's name: _____

Explain how this work experience meets the above requirement (job duties):

_____

_____

_____

23. Please provide the names and addresses of at least four references, who will be completing the reference forms (applicant is responsible for sending reference forms to endorsers). Add more, as applicable. *All applicants must submit one Ethical reference, and at least two Professional references and at least one Supervisory reference, which document your applicable experience and who have a thorough knowledge of your ethical standards of practice. Please refer to instructions on the form. Remember that these forms must be received by the PCC directly from the endorser. The same person may* ***not*** *complete more than one form.*

A*. Ethical Reference*

Name _____ Title/position_____

Company: _____ Address: _____

Telephone _____ Email _____

B. *Professional Reference 1*

Name _____ Title/position_____

Company: _____ Address: _____

Telephone _____ Email _____

C*. Professional Reference 2*

Name _____ Title/position_____

Company: _____ Address: _____

Telephone _____ Email _____

D. *Verification of Supervision*

Name _____ Title/position_____

Company: _____ Address: _____

Telephone _____ Email _____

E. *Professional Reference 3 (if necessary – add more, if applicable)*

Name _____ Title/position_____

Company: _____ Address: _____

Telephone _____ Email _____

22. By my signature below, I certify that:
a. I have read, understood, and agree to conform my professional activities to the Ethical Principles of the Indiana Association of Behavioral Consultants;

b. Pursuant to laws and regulations governing behavioral consultation in the State of Indiana, I understand my obligation to report the abuse or neglect of children, elderly, endangered, high-risk, or vulnerable adults;

c. The information I have provided pursuant to this application for registration is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the denial of registration, and possible report to applicable bodies in the State of Indiana regarding provider status, if applicable.

d. By my signature, I give permission to the Professional Credentialing Committee of Indiana Association of Behavioral Consultants to conduct a background check as deemed necessary by the committee, in accordance with requirements for Registered Behavioral Consultants.

e. To maintain my future RBC status, I understand that I must

1. Remain current in my IN ABC dues
2. Have no ethical violations
3. Submit proof of annual 10 CEUs requirement, when requested

Signature of Applicant: _____ Date: _____

IN - ABC

Indiana Association of Behavioral Consultants

Professional Credentialing Committee Registration Application Tracking Form

Submit this page with application – do not write on this page

Applicant Name: _____

Date items received:

_____ First item received _____ 60 days _____ 90 days _____
_____ Completed and signed application packet _____
_____ $ 25 non-refundable application fee made out to IN-ABC _____
_____ Current photograph _____
_____ Current resume _____
_____ Supervisory verification form (proving 100 hours of supervision) _____
_____ Professional references 1_____ 2_____ 3 _____ 4_____
_____ Ethical reference _____
_____ Criminal history check (within past 3 years) copy acceptable _____
_____ Official transcripts (or copy) _____
_____ IN ABC Member in good standing
_____ 2 experience areas

1) devising/implementing/monitoring BSP _____
2) training/supervising BSP _____

Follow up:
Specify date letter sent and items requested:

Status (list date for each entry):

Registered status:

Granted (date): _____

Denied (reason): _____

Completion date: _____
Certificate delivered: _____
Professional Credentialing Committee member signature: _____

ETHICAL REFERENCE FORM & WAIVER OF LIABILITY

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Behavioral Interventions, 2207 W Memorial Dr, Muncie, IN 47302

I, (applicant:) _____, hereby authorize (endorser:)_____, to provide the Professional Credentialing Committee of Indiana Association of Behavioral Consultants with all information of any kind which the endorser may deem relevant to my qualifications as an applicant for Registered Behavior Consultant. I hereby release and discharge the endorser from all claims arising out of the provision of such information, which will be kept confidential.

DATE: _____ APPLICANT'S SIGNATURE_____

The remainder of this form is to be completed by the endorser. Failure to do so will render this document invalid. Do not complete unless above waiver is signed. Please print or type.

Name of endorser_____ Title_____

Telephone number_____ Email_____

Relationship of endorser to applicant (i.e. supervisor, consultant, colleague, teacher, etc.)

_____

Length of time applicant known: From _____ to _____

Indicate the setting(s) in which you have known applicant: _____

_____

7. Do you certify that the applicant meets or exceeds ethical standards in his/her field of practice?

Yes _____ No _____ Not enough information regarding ethical behavior _____

Comments regarding applicant: _____

_____

_____

10. By my signature, I am indicating that the answers given above are true, complete and correct. I agree to provide any additional information requested by the Professional Credentialing Committee

Date: _____ Endorser's signature:_____

PROFESSIONAL REFERENCE FORM

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Behavioral Interventions, 2207 W Memorial Dr, Muncie, IN 47302

This form is intended to document the applicant's work experience to qualify the applicant as a Registered Behavioral Consultant of the Indiana Association of Behavioral Consultants.

Name of Applicant _____

Organization where work experience occurred:

_____

Address: _____

Dates of Employment: From _____ to _____

Applicant's Job Title: _____

The work experience of the applicant included the following (check all that apply):

_____Experience working directly with individuals with developmental disabilities
_____Experience devising, implementing, and monitoring behavioral support plans
_____Experience supervising and training others in implementing behavioral supports

The above occurred on a (check one) ___ Full time ___ Part time basis.

Comments regarding applicant pertaining to above job duties:

_____

_____

_____

Information about Professional Reference:

Name _____

Title_____

Address _____

Telephone _____ Email_____

Relationship to applicant_____

My signature indicates that the above information is true, complete and correct.

Date: _____ Signature _____

PROFESSIONAL REFERENCE FORM

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Behavioral Interventions, 2207 W Memorial Dr, Muncie, IN 47302

This form is intended to document the applicant's work experience to qualify the applicant as a Registered Behavioral Consultant of the Indiana Association of Behavioral Consultants.

Name of Applicant _____

Organization where work experience occurred:

_____

Address: _____

Dates of Employment: From _____ to _____

Applicant's Job Title: _____

The work experience of the applicant included the following (check all that apply):

_____Experience working directly with individuals with developmental disabilities
_____Experience devising, implementing, and monitoring behavioral support plans
_____Experience supervising and training others in implementing behavioral supports

The above occurred on a (check one) ___ Full time ___ Part time basis.

Comments regarding applicant pertaining to above job duties:

_____

_____

_____

Information about Professional Reference:

Name _____

Title_____

Address _____

Telephone _____ Email_____

Relationship to applicant_____

My signature indicates that the above information is true, complete and correct.

Date: _____ Signature _____

VERIFICATION OF SUPERVISION FORM

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Behavioral Interventions, 2207 W Memorial Dr, Muncie, IN 47302

The supervised training of the applicant must include **at least 100 hours of formal supervision** within a 3-year period. Please have your supervisor complete this form to verify the hours supervised with their signature. *Note:* If you had multiple supervisors to total the 100 hours of supervision, each supervisor must complete a Verification of Supervision form, indicating the specific number of hours supervised.

Name of Applicant _____

Name of supervisor: _____

Supervisor title & credentials: _____

Organization where supervised training occurred: _____

Address: _____

Telephone: _____ Email: _____

Dates of Supervision: From _____ to _____

3. The supervised training of the applicant included the following (check all that apply):

___ Experience working directly with individuals with developmental disabilities.
___ Experience devising, implementing, and monitoring behavioral support plans.
___ Experience supervising and training others in implementing behavioral supports.

Total number of hours supervised in above duties: _____

Comments: _____

_____

_____

My signature indicates the above information is true, complete, and accurate – the applicant received supervision as a behavior consultant from me.

Signature: _____ Date: _____