

BEHAVIOR & THERAPY CONSULTANTS INC.

12905 SW 42 ST Suite # 113 Miami , FI 33175

BEHAVIOR ANALYSIS

REQUIREMENTS TO PROVIDE THE SERVICE

- One (1) copy of each document listed below is needed:
- > Florida's driver's license (in color)
- > Social security (Valid for employment and duly signed)
- > High School Diploma or Equivalent, University Diploma (Bachelor's, Master's, Ph.) If it is a foreign credential, it must be translated and evaluated by an authorized entity.
- > Resume updated with at least two years of experience providing direct services to recipients with mental health disorders, developmental or intellectual disabilities.
- > Two references letters from two of those previous jobs. (If it is private cases, it must include client or caregiver's contact information for verification purposes)
- ➤ Legal status (Work Permit, Residency, Citizenship Certificate, Birth Certificate, Passport)
- ➤ Liability (Malpractice) Insurance
- > Behavior Analyst Certificate (Board Certificate as B.C.B.A or BCaBA) or License (LM.H.C; L.M.F.T.; L.C.S.W, PSY).
- > Registered Behavior Technician Certificate (RBT) and 40 hours Certificate
- ➤ Level II (2) FBI background Screening (AHCA) (Every 5 yrs)
- ➤ Local Police report (less than a year)
- > Continuing Education Courses to get your Licensure or Certification (updated)
- > MEDICAID PROVIDER ID FOR BEHAVIOR ANALYSIS (PROVIDER TYPE 39)
- CONSENT TO RELEASE CONFIDENTIAL INFORMATION
 - Copy of the Responsible Certificate Certification.
 - Copy of the Supervisor's Driver License.
- > CORPORATION (LLC, INC, CORP)
- > EXEMPTION FROM WORKERS COMPENSATION (CORPORATION)
- ➤ Check (Void)
- > CAQH number

IN-SERVICES/CONTINUING EDUCATION

- Domestic Violence (Annual)
- o OSHA (Annual)
- > Recent C.P.R. (online Course is not acceptable) Only by American Heart Association, or American Safety & Health Institute)
- > First Aid. Only by (American Heart Association, American Red Cross or American Safety & Health Institute
 - O HIPAA. Annual (http://myattain.org/workshops2/
 - o HIV / Infection control_(named in some web sites: Blood Borne Pathogens) (Annual)
 - https://fl.train.org/DesktopShell.aspx
 - o Zero Tolerance (Every 3 years):
 - o TRAIN FLORIDA SYSTEM: Create your account at https://fl.train.org/DesktopShell.aspx
 - o Requirements for all Waiver Providers (ONCE)
 - o APD WEB SITE: http://apdcares.org/providers/training/requirements.htm
 - Direct Care Core Competencies (DCCC) (ONCE)
 - o TRAIN FLORIDA SYSTEM: Create your account at https://fl.train.org/DesktopShell.aspx
- Incident Reporting (ONCE)
 - CLASSROOM SESSION: http://apdcares.org/providers/training/required-basic-training.htm
 - o Core Assurances (Med. Waiver Serv. Agreement and Med Waiver Required Documentation) (ONCE)
 - CLASSROOM SESSION: http://apdcares.org/providers/training/required-basic-training.htm