



ATTESTATION FORM – A/B

SUBMITTED TO THE COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

Name of Applicant:

Name of Attestor:

ATTESTOR'S AGREEMENT (must be completed by the Attestor)

- I hold one of the following credentials: active Board-Certified Behaviour Analyst certification (BCBA/BCBA-D), active registration as an R.B.A (Ont.), or current registration as a psychologist or psychological associate with the College of Psychologists and Behaviour Analysts of Ontario with expertise in applied behaviour analysis.
- I have observed the applicant in their practice as a Behaviour Analyst and can attest to the applicant's current experience and competence to practice as a Behaviour Analyst, including independent clinical decision-making.
- I have no known conflicts of interest to declare.

The College reserves the right to reject an attestation form if it appears to come from an inappropriate source (e.g., business partner, friend, or family).

Instructions for Completing the Attestation Form (A and/or B)

Under **Attestation A**, you will be asked to confirm the following:

- That the applicant has practiced as a Behaviour Analyst at any time within the three (3) years prior to July 1, 2024, and,
- That the applicant has practiced within the scope of practice of the profession of applied behaviour analysis for at least 1500 hours in the last four (4) years.

Note: An attestor who is unable to attest to all 1500 hours the applicant has worked should indicate the total number of hours they can confirm the applicant has worked in the last four years. The applicant must provide an additional attestation(s) for the hours outstanding.

Under **Attestation B**, you will be asked to confirm the following:

- The number of years that the applicant has worked in the scope of practice of ABA, up to five years full time (or part time equivalent).

Note: An attestor who is unable to attest to all of the applicant's work experience (up to five years full-time or part-time equivalent) should indicate the total number of years they can

confirm the applicant has worked. The applicant must provide an additional attestation(s) for any years outstanding that they have reported on their application.

Please note that this form should not be used as supporting documentation for Application Section D4. Acceptable Evidence Providing ABA Services Under Supervision

Attestor Information

Full Name:

Credentials:

Email Address:

Phone:

Please indicate your professional designation (mark all that apply):

Board Certified Behavior Analyst (BCBA or BCBA-D)
Certification Number

Registered Behaviour Analyst (R.B.A. (Ont.))
Registration Number

Registered Psychologist or Psychological Associate with demonstrated expertise in applied behaviour analysis
Registration Number

Please describe your relationship to the applicant:

How long have you known the applicant?

Please mark which Attestation(s) you are completing (select all that apply):

- Attestation A
- Attestation B

Attestation A

I, _____, hereby attest that the applicant:

- Has practiced as a Behaviour Analyst at any time within the three (3) years prior to July 1, 2024.

AND

- Has practiced within the scope of practice of the profession of applied behaviour analysis for (select only one option):
 - 1500 hours or more within the last four (4) years.

OR

- Less than 1500 hours (*please indicate total number of hours below*),

As of this date, _____, I can confirm that this applicant has practiced within the scope of the profession of applied behaviour analysis* for _____ hours within the last four (4) years.

*n.b. The College has developed a guide for applicants describing activities that are deemed acceptable as practice currency hours and as well as those activities that will not be counted towards this requirement. You can access the guide on the College's website [here](#).

AND

- The applicant has worked as a Behaviour Analyst responsible for independent clinical decision-making prior to July 1, 2024.

**Box should be marked only if the applicant has prior independent clinical decision-making experience.

Please describe to the best of your knowledge, the applicant's role, and responsibilities during the above stated period.

Attestation B

Instructions for completing Attestation B

Applicants will earn points for evidence of their experience practicing within the scope of applied behaviour analysis. The maximum number of points an applicant can earn in this section is 30, for five years (60 months) or more of full-time, or part-time equivalent, work experience. Below, please confirm the applicant's experience working within the scope of practice of applied behaviour analysis, up to five years of full-time (or part-time equivalent) experience.

See below for how to calculate the total number of years an applicant has worked.

How to determine PT/FT work:

- Part-time: less than 30 hours per week
- Full-time: 30+ hours per week

Below, please confirm the total number of years the applicant has worked in the scope of practice of ABA, up to a maximum of five years.

Work Setting A (required)

I, _____, hereby attest that:

As of this date, _____, the applicant has practiced within the scope of practice of applied behaviour analysis for _____ year(s) from _____ to _____, at _____.

Did the applicant work part-time or full-time in this setting (please select one)?

- Part-time (less than 30 hours per week)
- Full-time (30 or more hours per week)
- Other (please describe below):

Please describe to the best of your knowledge, the applicant's role, and responsibilities in this work setting.

Work setting B (if the applicant worked in multiple settings):

I, _____, hereby attest that:

As of this date, _____, the applicant has practiced within the scope of practice of applied behaviour analysis for _____ year(s) from _____ to _____, at _____.

Did the applicant work part-time or full-time in this setting (please select one)?

- Part-time (less than 30 hours per week)
- Full-time (30 or more hours per week)
- Other (please describe below):

Please describe to the best of your knowledge, the applicant's role, and responsibilities in this work setting.



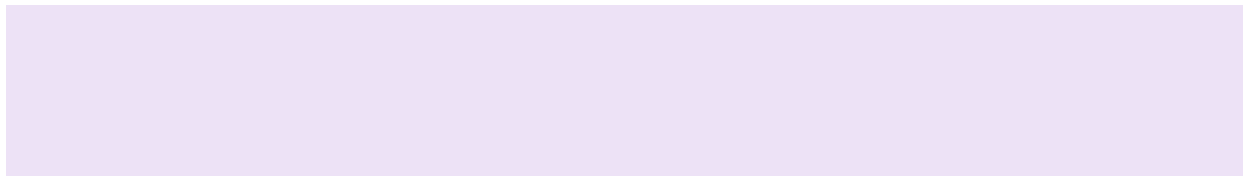
Work setting C (if the applicant worked in multiple settings):

I, _____, hereby attest that:

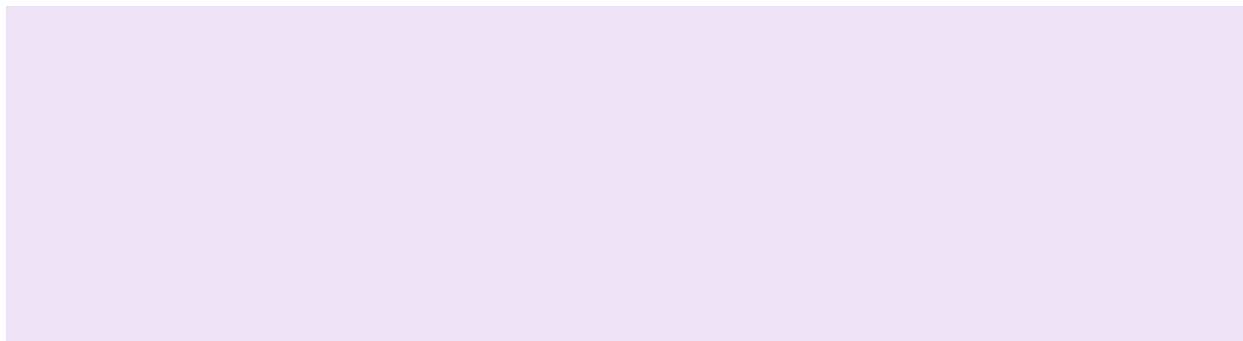
As of this date, _____, the applicant has practiced within the scope of practice of applied behaviour analysis for _____ year(s) from _____ to _____, at _____.

Did the applicant work part-time or full-time in this setting (please select one)?

- Part-time (less than 30 hours per week)
- Full-time (30 or more hours per week)
- Other (please describe below):



Please describe to the best of your knowledge, the applicant's role, and responsibilities in this work setting.



Conclusion and Signature

If you have any other comments regarding the applicant's application for registration as a Behaviour Analyst, please provide them in the text box below.

By signing this form, you formally declare that the information provided on this form is true and accurate and that, to the best of your knowledge, you have no conflicts of interest to declare. The College of Psychologists and Behaviour Analysts of Ontario reserves the right to request additional information as required.

Attestor Signature

Date

Applicant Signature

Date

Instructions for Submitting the Form

The College will accept a submission from the applicant or from their attestor. The completed form can be uploaded to the applicant's application portal or sent via email to cpo@cpbao.ca with the subject line "Transitional Route 2 Attestation Form A/B – Last Name of Applicant, First Name of Applicant".