SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Pervasive Developmental Disorder Program
Early Intensive Behavior Intervention Consultant Annual Renewal / Recertification Application

Currently, BACB certificants are required to attest to their compliance with the organization's ethical and disciplinary rules on an annual basis and obtain 24 (BCaBA) or 36 (BCBA, BCBA-D) hours of continuing education credits every three years, three hours of which must relate to ethics or professionalism. Accordingly, Annual Renewals are due in year 1 and year 2 and Recertification (with continuing education documentation) is due in the third year. Please complete this application and return it to the address printed at the bottom of the application no later than 30 days after the Annual Renewal or Recertification date. If a Consultant is Board Certified (BCBA-D, BCBA or BCABA), their Annual Renewal date will be based on the date at which their board certificate was issued. The application must be completed and return along with any other requested information **no later than 30 days after the annual anniversary date the Consultant's certificate was issued (e.g. if the issue date is August 25, 2003, the renewal application must be received by September 24, 2004).** If a Consultant is not Board Certified (Tier 3), their annual renewal date will be based on the date they were notified of successfully completing the EIBI Consultant interview process with the Autism Division. The Recertification process is the same but based on a three-year period rather than annually. Failure to accurately complete and submit this application and any other requested information by the due date will result in the individual being suspended as an EIBI Consultant until the requirements are met. Individuals in this status (i.e. suspended) my not provide consultant level EIBI services that are billed to DDSN or Medicaid. Reinstatement will require written notification from the Autism Division.

This is a: Annual Renewal _____ Recertification _____ (For Board Certified and Tier 3)

Consultant Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Email Address (**Please Print Clearly**) _____

Certification Type: BCBA-D _____ BCBA _____ BCABA _____ Tier 3 _____

Certificate Number: _____ Date Issued/Approved: _____

EIBI Provider Affiliation: _____

Mandatory Questions

1. I have read the most current addition of the Pervasive Developmental Disorder Waiver/State Funded Program Manual for Case Managers and Early Intensive Behavior Intervention Providers and agree to continue compliance with all rules and regulations that pertain to Early Intensive Behavior Intervention (EIBI) Providers and Consultants.

YES_____ NO_____

2. It is my intent to continue providing EIBI services through the Pervasive Developmental Disorder Program.

YES_____ NO_____

3. My certification through the Behavior Analyst Certification Board (BACB) is current and I am in good standing with the BACB. **(Note: If Tier 3 check N/A)**

YES_____ NO_____ N/A_____

Continuing Education Requirement for Recertification **(Note: This applies to Consultants at all levels)**

For information specific to continuing education requirements as it pertains to maintaining board certification, Consultants are referred to www.bacb.com. Information and guidance contained at this site is applicable to continue as an EIBI Consultant.

Consultants approved at the Non Board Certified (Tier 3) are required to obtain continuing education hours based on the criteria established for those certified at the BCaBA level.

Do not send continuing education documents with the Recertification Application. Consultants must retain documentation (certificates, course outlines, grade reports, etc.) of continuing education units claimed for each year for at least 6 years. A sample of applicants for recertification will be selected at random to submit documentation of continuing education. Consultants who are selected as part of the sample will be sent a letter requesting this documentation and they will have 15 days to submit their documentation.

Failure to submit this documentation by the due date will result in the individual being suspended as an EIBI Consultant until the requirements are met. Individuals in this status (i.e. suspended) my not provide consultant level EIBI services that are billed to DDSN or Medicaid. Reinstatement will require written notification from the Autism Division.

Total Hours: _____

Attestation

By signing, you acknowledge and affirm: (1) that you have carefully read and understand the standards and requirements that pertain to EIBI Providers/Consultants as outlined in the PDD Program Manual; (2) that you agree to abide by these standards and requirements; and (3) that the information you have provided in this application and in any attached documentation is true and correct to the best of your knowledge.

Printed Name: _____

Signature: _____

Date: _____

MAIL THIS APPLICATION TO:

Shannon Finch/Autism Division ♦ 3440 Harden Street, P.O. Box 4706 ♦ Columbia, South Carolina 29240