



# TRICARE Provider Certification Application

## Autism Care Demonstration (ACD)

### Assistant Behavior Analyst

This application should be completed by practitioners who are required to have a state license/certification<sup>1</sup> if practicing in a state that offers state licensure/certification; or are certified by the Behavior Analyst Certification Board (BACB) as a Board-Certified Assistant Behavior Analyst (BCaBA) or by the Qualified Applied Behavior Analysis (QABA) Credentialing Board as a Qualified Autism Services Practitioner (QASP) or QASP-Supervisor (QASP-S).

<sup>1</sup>State license/certification is required if offered by the state.

Please submit the completed application package to [provcerts@triwest.com](mailto:provcerts@triwest.com).

### Practitioner Information

*\*Required*

Last Name\*: First Name\*: MI:

Suffix: National Provider Identifier (NPI)\*: Sex\*:

SSN (XXX-XX-XXXX)\*: Date of Birth (MM/DD/YYYY)\*:

Phone (XXX-XXX-XXXX)\*: Email Address\*:

Point of Contact Name (if different):

Are you employed by the U.S. government?\* Yes No

### Certification Information

To certify you as an **Assistant Behavior Analyst**, please provide the following information to confirm you meet TRICARE requirements. Failure to provide complete and accurate information will delay the certification process and may negatively impact claims processing.

1. Complete the following fields regarding your bachelor's degree or above.\*

*NOTE:* Degree must be in a qualifying field as defined by the state licensure/certification. In the absence of state licensure/certification, a degree in a field accepted by a certification body approved by the Defense Health Agency (DHA).

Date Graduated (MM/DD/YYYY): Degree Earned:

Name of School:

2. Attach a copy of your state license or state certification (if applicable) and complete the following fields.\*

Do you have a state license or state certification to provide ABA services? Yes No

State License/Certification Number:

Effective Date (MM/DD/YYYY): Expiration Date (MM/DD/YYYY):



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3. Attach a copy of your Behavior Analyst Certification Board (BACB) or Qualified Applied Behavior Analysis (QABA) certification (if applicable) and complete the following fields.\*

If the state where services are performed does not offer a state license or certification, are you certified by the BACB or QABA?

Yes      No

BACB or QABA Certification Number:

Effective Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

4. Attach a copy of your current Basic Life Support (BLS) training certificate or Cardiopulmonary Resuscitation (CPR) equivalent certification and complete the following field.\*

Have you completed a BLS training or a CPR equivalent certification through a hybrid course (comprised of a web-based instruction component and live component to demonstrate skills) or all in-person course?

Yes      No

5. Assistant Behavior Analysts must receive supervision in compliance with their certification board and must work under the supervision of an authorized ABA Supervisor who meets TRICARE requirements. Complete the following fields.\*

Per TRICARE requirements, are you under the supervision of an authorized ABA Supervisor?

Yes      No

ABA Supervisor Name:

ABA Supervisor NPI:

6. Assistant Behavior Analysts who conduct supervision of Behavior Technicians (BTs) must be in compliance with their certification board for supervisory activities. Complete the following fields.\*

Do you currently supervise Behavior Technicians?

Yes      No

Are you in full compliance with your certification board for supervisory activities?

Yes      No

7. Attach a copy of your Criminal History Background Check (CHBC).\*

*NOTE:* The CHBC shall include current federal, state, and county criminal and sex offender reports for all locations the Assistant Behavior Analyst has resided or worked during the previous 10 years. Any provider who is convicted for any felony of any kind, or a misdemeanor involving crimes against a child or domestic violence, is ineligible to become a TRICARE-authorized provider.