TRICARE Provider Certification Application
Autism Care Demonstration (ACD)
Behavior Analyst/Applied Behavior Analysis (ABA) Supervisor

This application should be completed by practitioners who are required to have a state license/certification[1] if practicing in a state that offers state licensure/certification in behavior analysis or psychology; or certified by the Behavior Analyst Certification Board (BACB) as a Board-Certified Behavior Analyst (BCBA) or BCBA-Doctoral (BCBA-D).

[1]State license/certification is required if offered by the state.

Please submit the completed application package to provcerts@triwest.com.

Practitioner Information   *Required*

Last Name*:   First Name*:   MI:

Suffix: National Provider Identifier (NPI)*:   Gender*:

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 a **Behavior Analyst/ABA Supervisor (BCBA, BCBA-D or Clinical Psychologist)**, 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. **Attach a copy of your master's degree or above** and complete the following fields.
   NOTE: Degree must be in a qualifying field as defined by the state licensure/certification. In the absence of state licensure/certification, a graduate degree from an accredited institution in behavior analysis, psychology, special education or a related field.

   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) 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