

# Attestation form for psychologists interested in providing ABA

Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>, BCN commercial and BCN Advantage<sup>SM</sup>

Jan. 1, 2024

Complete and submit this form if you are a licensed psychologist interested in providing applied behavior analysis, or ABA, to Blue Cross Blue Shield of Michigan or Blue Care Network members diagnosed with autism spectrum disorder, or ASD. The information you enter on this form must show that you meet the guidelines described in the Michigan Public Health Code for providing ABA services. In addition, you must:

- Be contracted with Blue Cross or BCN to provide behavioral health services
- Have a doctoral degree in psychology (PhD, EdD or PsyD)
- Have a full license to practice psychology in the state of Michigan

Information about you		
Name:		Credentials:
NPI:	Phone:	Email:
Information about your graduate education or continuing education units		
<p>1. Have you had graduate course work in ABA and in other behavioral strategies and interventions for treating ASD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the course title(s) and university or college name(s):</p>		
<p>2. Do you have post-graduate training and certificate(s) in ABA and in other behavioral strategies and interventions through a subject matter expert or through a professional institution?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the training and the expert or institution that provided the training:</p>		
<p>3. If needed, can you attest (sign a document) and provide course details or certificates as proof of your training or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Information about your professional experience		
4. How many years have you practiced clinically?		
5. How many years have you practiced treating ASD, in particular?		
6. What percentage of your practice involves treating patients with ASD? %		
Information about your supervision		
<p>7. Have you had direct supervision on ASD treatment cases? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long (number of months or years)?</p>		
<p>8. Do you have ongoing consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, with whom?</p>		
Signature:		Date:

Email the completed form to: [AAECBehavioralHealth@bcbsm.com](mailto:AAECBehavioralHealth@bcbsm.com)