**RIVERWOOD CENTER’S**

**AUTISM PROVIDER’S**

**LICENSE / CERTIFICATION VERIFICATION APPLICATION**

**INSTRUCTIONS:** Print or type all responses. Attach additional sheets if there is insufficient space on this form for your response. Return your completed application to the Riverwood Center, Attention: Sara Schaeffer, P.O. Box 547, Benton Harbor, MI 49023.

**TYPE OF PROVIDER CERTIFICATION REQUESTED**

**\_\_\_\_\_ BCaBA \_\_\_\_\_ BCBA \_\_\_\_\_ BCBA-D**

**CLINICIAN INFORMATION**

**Please attach clinician resume AND NPI NUMBER**

CLINICIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE INFORMATION

List all professional licenses.

**Please attach valid copies of all licenses**

1. Michigan License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the license Current:      Yes      No

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

2. Other License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the license Current:      Yes      No

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATION INFORMATION

List all professional licenses.

**Please attach valid copies of all CERTIFICATIONS**

1. Certification Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Certification Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION INFORMATION**

**Please attach valid copies of all transcripts**

**College/University**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completeaddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College/University**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completeaddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGE & AGREE**

**By signing this, I give consent for the verification of the information provided in this application. I agree to notify Riverwood Center of any changes to my professional licensure and /or certification status. I will keep a copy of this application for my records.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Signature of Applicant Date