

## FUNCTIONAL BEHAVIORAL ASSESSMENT CERTIFICATION

**Name of Organization:** \_\_\_\_\_

**Name of Individual BSC:** \_\_\_\_\_

**Date of Certification:** \_\_\_\_\_

**Certification Obtained From:** \_\_\_\_\_

**Address(es) where individual BSC provides services (contracted sites):**

<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Telephone</b>	

<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Telephone</b>	

<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Telephone</b>	

**\*\*\* PLEASE BE SURE TO INCLUDE COPY OF CERTIFICATION**