

- If enrolling, mail this form with your enrollment to the address on the enrollment form.
- If you are already enrolled and are updating the files, mail this form to address listed to the right.

Return this form to:  
eMedNY  
PO Box 4610  
Rensselaer, NY 12144-4610

## SUPERVISING LICENSED BEHAVIOR ANALYST CERTIFICATION

This form must be completed and signed by the Licensed Behavior Analyst (LBA) supervising the Certified Behavior Analyst Assistant (CBAA) listed in the "Certification Statement" section below.

1. **LBA's Name:** \_\_\_\_\_
2. **LBA's License Number:** \_\_\_\_\_
3. **LBA's National Provider Identifier # (NPI) (Required):** \_\_\_\_\_  
**LBA's Medicaid Provider # (Required):** \_\_\_\_\_
4. **LBA's Telephone Number:** \_\_\_\_\_
5. **LBA's Current Service Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION STATEMENT

**In accordance with the requirements of the Laws and Regulations of the New York State Department of Education, I have agreed to supervise Certified Behavior Analyst Assistant**  
(print full name of CBAA)

\_\_\_\_\_

**CBAA's NYS Education Department Certification # (Required):** \_\_\_\_\_

**CBAA's National Provider Identifier # (NPI) (Required):** \_\_\_\_\_

**CBAA's Medicaid Provider # (Required if enrolled with NYS Medicaid):** \_\_\_\_\_

**Supervising LBA's Signature** \_\_\_\_\_

**Print LBA's Name** \_\_\_\_\_

**Date** \_\_\_\_\_