



ONTARIO AUTISM PROGRAM

PROVIDER LIST APPLICATION &
DECLARATION OF COMPLIANCE

www.oaproviderlist.ca



ONTARIO AUTISM PROGRAM PROVIDER LIST APPLICATION

Please read this form carefully to make sure that you meet the requirements to join the Ontario Autism Program (OAP) Provider List.

1 – Your Contact Information

Please note: This information will not be shared publicly.

Surname	First Name
Personal/Primary Phone	Personal/Primary Email

2 – Current Employer(s)

Please provide information on your primary current employer(s) through which you will be clinically supervising Ontario Autism Program (OAP) behavioural services.

Please note: This information will be shared publicly.

Primary Employer Organization Name (If self-employed, write "self-employed" here)	
Main Employer Address	City/Town
Main Employer Phone	Main Employer Email
Employer Website	

Secondary Employer Organization Name (If self-employed, write "self-employed" here)	
Main Employer Address	City/Town
Main Employer Phone	Main Employer Email
Employer Website	

Add any other current employers on additional page...

3 – Professional Credential(s)

To join the Provider List, you must be a **Board Certified Behavior Analyst®** in good standing, or a **Registered Psychologist or Psychological Associate** in good standing with the College of Psychologists of Ontario.

If you are a Registered Psychologist or Psychological Associate with ABA expertise, you are eligible to join the OAP Provider List. You do not need to obtain a BCBA® or BCBA-D®, however, you will need to provide an “Applied Behaviour Analysis Expertise Package”, which will confirm your ABA expertise. Details of what the “Applied Behaviour Analysis Expertise Package” must include can be found at end of this document.

Which of the following credentials have you obtained?

✓	Credential	Registration/ Certification Date	Registration/ Certification Number
	Board Certified Behavior Analyst® (BCBA®)		
	Board Certified Behavior Analyst-Doctoral (BCBA-D™)		
	Registered Psychologist		
	Registered Psychological Associate		

4 – Experience

To join the OAP Provider List, you must have at least 3,000 hours of **post-certification/registration experience** delivering or supervising Applied Behaviour Analysis (ABA) services for children and youth with Autism Spectrum Disorder (ASD). You must also have obtained this experience as either a BCBA® or a registered psychologist / psychological associate.

Your 3,000+ hours of experience **must include at least 1,500 hours of supervisory duties**.

Examples of supervisory duties could include:

- » Developing new ABA programs and/or adjusting existing programs;
- » Designing and implementing individualized behaviour intervention plans;
- » Assessing a child's skill level and training team members to teach the child skills;
- » Conducting functional behavior assessments;
- » Analyzing and interpreting data;
- » Providing field supervision to front-line staff;
- » Monitoring and evaluating the performance of front-line staff;
- » Being available to give direction to front-line staff by phone when there is an emergency or urgent need;
- » Preparing and discussing progress reports with caregivers and staff;
- » Leading staff meetings and training.

4a – Experience Checklist



I have at least 3,000 hours of **post-certification/registration experience** delivering or supervising ABA services for children and youth with Autism Spectrum Disorder.

My 3,000 hours includes at least 1,500 hours of experience carrying out supervisory duties.

When I obtained my 3,000 hours of experience, I was either a certified BCBA®, a registered psychologist, or a registered psychological associate.

4b – Employment History Since Certification

To be approved to join the OAP Provider List, you must have 3000 hours of **post-certification/registration** experience delivering Applied Behaviour Analysis (ABA) services for children and/or youth with Autism Spectrum Disorder (ASD). Please note that the 3,000 hours of experience **must** include at least 1,500 hours of supervisory duties.

Using the form below, you must be able to provide proof of at least 3000 hours of **post-certification** employment experience.

You must also provide a professional reference for each employer listed. References must be from an individual who has direct knowledge of your professional experience, such as a current or former clinical supervisor, an administrative manager, or a peer behavioural clinician who is a BCBA®, BCBA-D®, or Registered Psychologist or Psychological Associate. References from current or former clients and/or their families will not be accepted. Autism Ontario may follow-up with your professional references for more information.

Please note: If you are self-employed, you must provide a peer/professional reference from a behaviour analyst familiar with your work.

Employer Organization 1

(If self-employed, write "self-employed")			
Position Title		Start and End Dates	
Total number of hours		Approximate number of hours that involved supervisory duties	
Reference Name		Phone	

Employer Organization 2

(If self-employed, write "self-employed")			
Position Title		Start and End Dates	
Total number of hours		Approximate number of hours that involved supervisory duties	
Reference Name		Phone	

Employer Organization 3

(If self-employed, write "self-employed")			
Position Title		Start and End Dates	
Total number of hours		Approximate number of hours that involved supervisory duties	
Reference Name		Phone	

Add any other current employers on additional page...

4c – Proof of Experience Hours - Employment Verification Letters

For each role that demonstrates your experience hours (listed in section 4b), you must provide an employment verification letter, on company letterhead, that includes job title, job description, employment status (full or part-time), start and end dates of employment, and any leaves of absences. It must also include the name, title and contact information of the person signing the letter. You do not need to submit proof of self-employment, but you are required to provide a professional reference as indicated in section 4b.

5 – Vulnerable Sector Check

You must provide a copy of the results of a vulnerable sector check, that is less than one year old, to join the OAP Provider List. The check must have been conducted by a police service or a third-party organization that has been authorized by the Royal Canadian Mounted Police to access the Canadian Police Information Centre databases.

Applicants with a history of certain criminal charges or convictions may be deemed ineligible for membership at Autism Ontario's discretion.

Issuing Body	<input type="text"/>
Date Obtained	<input type="text"/>

6 – Professional Liability Insurance

You must have professional liability insurance to join the OAP Provider List. You must provide a current insurance certificate that includes your employer and/or your name as insured, or, if you are covered by your employer's plan, you can provide a proof of coverage letter from your employer's liability insurer, or a letter from your employer, on company letterhead, confirming that you are covered by their liability insurance.

Insurance Provider Name <i>(If provided by employer, write employer's name)</i>	<input type="text"/>
Policy Number	<input type="text"/>

7 – Document Checklist

Please confirm that you have attached the following documents to your application.

- Completed and signed *OAP Provider List Application & Declaration of Compliance* package.
- Employment verification letter from each post-certification employer. Each letter must:
 - » Be on company letterhead
 - » Include job title and job description
 - » Indicate employment status (full or part-time)
 - » Include start and end date of employment
 - » Disclose any leaves of absence
 - » Include name, title and contact information of the person signing the letter
- Proof of professional liability insurance, which could be one of the following:
 - » A current insurance certificate that must include your employer and/or your name as insured, or
 - » If you are covered by your employer's plan, you can provide a proof of coverage letter from your employer's liability insurer, or a letter from your employer, on company letterhead, confirming that you are covered by their liability insurance
- Copy of results of Vulnerable Sector Check (completed no earlier than one calendar year to the date that Autism Ontario receives it)
- Applied Behaviour Analysis Expertise Package (*Only required for psychologist or psychological associate applicants*)

8 – Signature

Please read the following statements and indicate agreement by signing your name below.

- 1. I attest that the information in this application form is complete and accurate, to the best of my knowledge.*
- 2. I authorize Autism Ontario to use my name and professional information on the online Provider List.*
- 3. I authorize Autism Ontario to make inquiries about me to verify my information as it considers appropriate in connection with this application or in connection with my status as a member of the Provider List, should my application be successful. I am aware that my membership with the Provider List may be suspended or revoked if it is determined that I have, by any omission or commission, given false, misleading or ambiguous information in respect to any question on this application form.*
- 4. I consent to Autism Ontario, i) using my information for the purpose of processing and maintaining my application; ii) sharing the information in this application with the OAP Provider List Advisory Panel, as Autism Ontario considers appropriate in connection with this application or in connection with my status as a member of the Provider List, should my application be successful; and iii) sharing my information with any subsequent administrator of the Provider List.*
- 5. I consent to Autism Ontario collecting my personal and professional information from this application form for research, information and statistical tracking purposes, subject to any limitations imposed by the Freedom of Information and Protection of Privacy Act.*
- 6. In consideration for having my name added to the Provider List, I agree to indemnify and save harmless Autism Ontario, its agents and their employees, the Province, the Ministry of Children, Community and Social Services and any employees or agents of any ministry of the public service of the Province from any losses, claims, damages, causes of actions, costs and expenses that any one or more of them may sustain, incur, suffer, at any time, which are based upon, arise out of or occur, directly or indirectly, by reason of, any act or omission by myself or by my agents, employees, or subcontractors as a direct result or indirect result of applying to join, having my name on, not being included, or being removed from this OAP Provider List.*

Applicant Signature		Date	
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ONTARIO AUTISM PROGRAM

DECLARATION OF COMPLIANCE

This document serves as an attestation of the Ontario Autism Program (OAP) Clinical Supervisor's compliance with and agreement to respect Autism Ontario's OAP Provider List policies. Clinical Supervisors who wish to join the OAP Provider List must complete this form.

Clinical Supervisor Role and Responsibilities

The Clinical Supervisor is the person responsible for developing and overseeing behavioural services purchased through the OAP Childhood Budget. This person may be called a Clinical Supervisor, a Clinician-in-Charge, a Clinical Director, or something similar. All behavioural services purchased through the OAP Childhood Budget must be supervised by a Clinical Supervisor.

Clinical Supervisors are required to have direct contact with the child/youth and their family. Ideally supervision is in-person or, in exceptional cases, if this is not possible, through a secure remote connection. Tasks involving direct contact with the child/youth and family may include but are not limited to:

- » Assessing the child/youth through informal and/or formal observations.
- » Developing, evaluating and updating behaviour plans.
- » Discussing assessment results, goals, service options and progress with the family.
- » Training staff and caregivers as they deliver new or revised behavioural services.
- » Observing interventions and assessments carried out by staff and/or caregivers, and monitoring intervention fidelity.
- » Working with the family to plan a range of transitions (e.g., school-related, personal transitions, post-secondary or employment-related, into adult services).

Clinical Supervisors also carry out a number of tasks outside of their interactions with families, in collaboration with other clinicians. These tasks may include (but are not limited to):

- » Assigning team members to implement behaviour plans.
- » Providing ongoing direction and guidance to staff to ensure services are being delivered correctly and effectively.
- » Reviewing behaviour plans and assessment outcomes.
- » Reviewing data and measuring progress.
- » Maintaining detailed notes of progress, key decisions and update points.

While Clinical Supervisors assume full responsibility for the oversight of a child or youth's behavioural services, Clinical Supervisors may delegate some of their duties to front-line behavioural therapists under their supervision and are responsible for confirming that these therapists are competent, and continue to be competent, to perform the tasks assigned to them, taking into account numerous factors, including skills, education, and experience.

For further guidance on case supervision, and the appropriate balance of direct and indirect supervision, Clinical Supervisors may wish to consult the Behavior Analyst Certification Board® (BACB)'s *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*.

Clinical Supervisor Qualifications

OAP Clinical Supervisors must have the following qualifications:

- ✓ One of the following professional designations:
 - » Board Certified Behavior Analyst (BCBA®)
 - » Board Certified Behavior Analyst – Doctoral (BCBA-D™)
 - » Clinical Psychologist or Psychological Associate registered with the College of Psychologists of Ontario (CPO) with documented expertise in Applied Behaviour Analysis (ABA)¹
- ✓ At least 3,000 hours post-certification/registration experience² (typically completed over two years) delivering ABA services to children and youth with Autism Spectrum Disorder (ASD) (including a minimum of 1,500 post-certification hours involving supervisory duties)
- ✓ A Vulnerable Sector Check
- ✓ Professional liability insurance (purchased individually or through employer)
- ✓ Adherence to a professional code of conduct (e.g., BACB® *Professional and Ethical Compliance Code*, CPO *Standards of Professional Conduct*)

1 Documentation demonstrating ABA expertise can include relevant certifications, transcripts, or syllabi showing that the individual has completed coursework and supervised training that is comparable to the requirements to sit for the BCBA®/BCBA-D™ examination. See the BACB® website for more information on examination requirements: <https://www.bacb.com/bcba/bcba-requirements/>

2 Post-certification/registration means that the person obtained this experience after receiving his or her certification as a BCBA®/BCBA-D™ or after registering with the CPO. Experience obtained prior to certification or registration, such as practicum experience, or pre-certification field work hours, cannot be counted towards this total.

Declaration of Compliance

I, _____, hereby attest that:

First Name (print)

Last Name

Title

1. *I have read, understood and will comply with the roles and responsibilities and qualification requirements of the OAP Clinical Supervisor of behavioural services, as set out in this Declaration of Compliance form.*
2. *I understand that as an OAP Clinical Supervisor I am accountable for all aspects of my clients' OAP behavioural services, including any tasks that I have delegated to professionals under my clinical supervision.*
3. *When providing OAP behavioural services, I will work within the boundaries of my competence and will confirm that all individuals working under my clinical supervision have adequate training and have obtained a valid Vulnerable Sector Check*
4. *I have read, understood, and will adhere to one or both of the following professional codes of conduct when providing OAP behavioural services (mark which apply):*
 - » *BACB® Professional and Ethical Compliance Code for Behavior Analysts*
 - » *CPO Standards of Professional Conduct*
5. *Prior to implementing OAP behavioural services, I will confirm that families whose children or youth are under my clinical supervision have been presented with the full scope (i.e., itemization of all component parts) and full cost of services and have provided written informed consent to these services, as required by my professional code of conduct.*
6. *I understand that the Autism Ontario will respond to any complaints about my conduct in accordance with all applicable laws and the OAP Provider List's policy on public inquiries and complaints, which may be amended from time to time.*
7. *I understand that I may be suspended or removed from the OAP Provider List based on the outcome of a third-party complaint process, or if:*
 - » *I have provided false, inaccurate, not current, incomplete and/or misleading information in my application or renewal package.*
 - » *I am the subject of any disciplinary action by the BACB® or the CPO;*
 - » *My certification/registration with the BACB® or CPO is suspended or revoked;*

- » *I am the subject of current proceedings or past convictions of a crime that carries a sentence greater than six months and/or are in the following areas: abuse, assault, theft, fraud and/or sexual offenses; or,*
 - » *I violate any policy pertaining to inclusion on the OAP Provider List, which may be amended from time to time.*
8. *I understand that I need to renew my eligibility status with the OAP Provider List annually. I understand that if I fail to meet the renewal and ongoing requirements and obligations, I may be suspended or removed from the OAP Provider List.*

Applicant Signature		Date	
Witness			
First and Last Name (Print)		Date	
Signature			



Final Step:

*Once you have completed this downloaded application, please email to:
info@oaproviderlist.ca*

ONTARIO AUTISM PROGRAM

APPLIED BEHAVIOUR ANALYSIS EXPERTISE

If you are a psychologist or psychological associate who is registered with the College of Psychologists of Ontario and who has Applied Behaviour Analysis (ABA) expertise as described in the Ontario Autism Program (OAP) qualification requirements, you are eligible to join the OAP Provider List.

To confirm your ABA expertise, you must provide a detailed reference letter from an Ontario-based Board Certified Behavior Analyst-Doctoral™ (BCBA-D™) who is familiar with your professional experience and competencies.

The reference letter must describe, in detail, how you acquired your ABA expertise. For example, the letter could describe your:

- » Supervised training and experience delivering and supervising ABA services;
- » ABA Certifications and/or coursework;
- » ABA Teaching experience;
- » Research, publications, and presentations within the field of ABA;
- » Membership with the Association of Behavior Analysis International (ABAI), the Ontario Association for Behaviour Analysis, or other ABA organizations (e.g., APBA, other provincial/state ABA organizations);
- » Participation on any expert panels, committees, or boards.

The letter must also include:

- ✓ The name, title, and contact information for the referee;
- ✓ A description of your professional relationship with the referee;
- ✓ How long you have known the referee.

Please attach or upload a copy of your reference letter to this application package.

Your reference letter will be assessed by a panel of behavioural clinicians as part of the OAP Provider List approval process. Autism Ontario may contact the referee directly for more information about your ABA expertise.

Exception for BCBA® and BCBA-D™

If you are a Board Certified Behaviour Analyst® (BCBA®) or BCBA-D™, you do not need to provide a reference letter. You do, however, need to provide references who can attest to your experience hours in the experience section of this application form.