



ATTESTATION FORM C

SUBMITTED TO THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

Name of Applicant:

Name of Attestor:

ATTESTOR'S AGREEMENT (must be completed by the Attestor)

- I hold one of the following credentials: active Board-Certified Behaviour Analyst certification (BCBA/BCBA-D), R.B.A (Ont.) (after July 1, 2024), or current registration as a psychologist or psychological associate with the College of Psychologists of Ontario with expertise in applied behaviour analysis.
- I have observed the applicant in their practice as a Behaviour Analyst and can attest to the applicant's experience and competence to practice as a Behaviour Analyst, including clinical decision-making.
- I have no known conflicts of interest to declare.

The College reserves the right to reject an attestation form if it appears to come from an inappropriate source (e.g., business partner, friend, or family).

Instructions for Completing the Attestation Form C

This attestation must be completed for applicants who are applying with more than 10 years of experience working within the scope of practice of applied behaviour analysis, and who do not have any formal graduate-level education in applied behaviour analysis or a related field.

As the attestor, you will be asked to confirm that the applicant has worked in the scope of practice of applied behaviour analysis for more than 10 years.

Note: An attestor who is unable to attest to all the years the applicant has practiced should indicate the total number of years they can confirm the applicant has practiced within the scope of practice of the profession of applied behaviour analysis. The applicant must provide an additional attestation(s) for the years outstanding.

Instructions for Submitting the Form

The College will accept forms submitted by the applicant or by their attestor. Completed forms can be uploaded in the application portal, or sent via email to cpo@cpo.on.ca with the subject line "Transitional Route 2 Attestation C - Last Name of Applicant, First Name of Applicant".

Attestor Information

Full Name: [Redacted]
Credentials: [Redacted]
Email Address: [Redacted]
Phone: [Redacted]

Please indicate your professional designation (mark all that apply):

- Board Certified Behavior Analyst (BCBA or BCBA-D)
Certification Number [Redacted]

- Registered Behaviour Analyst (R.B.A. (Ont.))
Registration Number [Redacted]

- Registered Psychologist or Psychological Associate with demonstrated expertise in applied
behaviour analysis
Registration Number [Redacted]

Please describe your relationship to the applicant:

[Redacted]

How long have you known the applicant?

[Redacted]

Attestation C

I, _____, hereby attest that the applicant has practiced within the scope of the profession of applied behaviour analysis for (select only one option):

- More than 10 years from the date written on this form.
- Less than 10 years (please indicate total number of years below):

As of this date, _____, I can confirm that the applicant has practiced within the scope of the profession of applied behaviour analysis for _____ years from the date written on this form.

I confirm that at any point during the above stated years, the applicant's practice in applied behaviour analysis included responsibility for independent clinical decision making.

Conclusion and Signature

If you have any other comments regarding the applicant's application for registration as a Behaviour Analyst, please provide them in the text box below.

By signing this form, you formally declare that the information provided on this form is true and accurate and that, to the best of your knowledge, you have no conflicts of interest to declare. The College of Psychologists of Ontario reserves the right to request additional information as required.

Attestor Signature

Date

Applicant Signature

Date