

OAP Clinical Supervisor Attestation

This document serves as a declaration of the OAP Clinical Supervisor's accountability and compliance with the OAP. It must be completed, signed and attached to every OAP Behaviour Plan. A signed copy is also to be provided to the family/youth.

Child/Youth's First and Last Name

As the OAP Clinical Supervisor accountable for the attached Behaviour Plan:

OAP Guidelines and Clinical Framework

- I attest that all components of this Behaviour Plan comply with the OAP Guidelines and the Clinical Framework.

Behaviour Plan

- I attest that all components of this Behaviour Plan have been completed including all elements outlined in the OAP Behaviour Plan Instructions.

Family-Centeredness

- I attest that the family/youth has been involved in the development of and has signed this Behaviour Plan.
- I attest that the goals in this Behaviour Plan are aligned with the goals in the OAP Family Service Plan.
- I attest that this Behaviour Plan includes opportunities for the family to be taught skills and given knowledge to support the development of their child/youth and address their needs as they arise.

Behaviour Plan Budget (to be completed by Direct Funding Providers only)

- I attest that I have reviewed and approved the attached Behaviour Plan Budget.
- I attest that all costs/rates submitted as part of the budget associated with this Behaviour Plan are consistent with OAP guidelines.
- I attest that I have adhered to ethical billing practices and standards for:
 - Behavior Analyst Certification Board (BACB[®]) Professional and Ethical Compliance Code for Behavior Analysts.
 - The College of Psychologists of Ontario Standards of Professional Conduct (CPO).
 - Other (please specify): _____

Qualifications

- I attest that I meet the qualifications required of an OAP Clinical Supervisor as outlined in Section 5.4 of the OAP Guidelines.

Or,

- I attest that I do not meet the required qualifications as an OAP Clinical Supervisor but am working towards achieving the qualifications and will achieve them by _____.

I need to obtain the following to meet the required OAP Clinical Supervisor qualifications:

My plan to meet the required OAP Clinical Supervisor qualifications is:

Responsibilities and Delegations

- I attest that as the OAP Clinical Supervisor I am responsible for all aspects of this Behaviour Plan including supervisory elements that have been delegated to other professionals under my supervision.
- I attest that all elements of this Behaviour Plan fall within my areas/boundaries of competence.
- I attest that I will provide ongoing training for OAP Front-Line Therapists as they deliver evidence based behavioural services under my supervision as described in this Behaviour Plan.
- If a professional with specialized expertise, whom I am not clinically supervising, will deliver specific elements of this Behaviour Plan, I attest that this individual has the following qualifications which are appropriate to the service being delivered (at a minimum please reference the service to be delivered and the individual's registration or certification number):

- I attest that I will work in collaboration with all other professionals involved with services the child/youth is currently receiving to ensure alignment of goals and approaches.
- I attest that I and all OAP providers delivering services as part of this Behaviour Plan have valid Vulnerable Sector Screening/Checks.
- I confirm that I have Professional Liability Insurance.
- I attest that I adhere to one of the following:
 - BACB[®] Professional and Ethical Compliance Code for Behavior Analysts
 - CPO Standards of Professional Conduct
 - Other (please specify): _____

Signatures

OAP Clinical Supervisor:

First and Last Name and Title (please print)

Date

CPO BACB[®] Other (please specify) _____

Registration / Certification # _____

Witness:

First and Last Name (please print)

Date

Signature