

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

Date of Birth

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

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

The required qualifications for OAP Clinical Supervisors are described in Section 5.4 of the OAP Guidelines. Compliance with these qualifications is being phased in, and the timeline for full compliance will be communicated by the ministry in 2018. During this interim period, individuals who do not yet have the qualifications, but who are working towards achieving the qualifications, must provide details on their plan to obtain the qualifications below.

Professional Designation

- I attest that I have one of the following professional designations (mark which apply):
 - 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 with documented expertise in ABA
- I attest that I **do not** yet have one of the professional designations listed above.

My anticipated date of completion for one of the required professional designations is _____.

My plan to obtain the required professional designation is (e.g., Please include: Name of program, educational institution, # of total courses completed to date, year of enrollment, anticipated program completion date):

Post- Certification/Registration Experience

- I attest that I have at least 3,000 hours post-certification/registration experience (typically completed over two years) delivering Applied Behaviour Analysis (ABA) services to children and youth with ASD (including a minimum of 1,500 post-certification hours involving supervisory duties).
- I attest that I **do not** have 3,000 hours post-certification/registration experience. As of this date _____ I have _____ post-certification hours, of which _____ hours involved supervisory duties. *[The section immediately below must also be completed].*
 - I attest that I expect to achieve my 3,000 hours of post-certification/registration experience, including a minimum of 1,500 hours involving supervisory duties, by _____.

My plan to obtain 3,000 hours post-certification/registration experience 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 am responsible for the ongoing training of 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 attest that I have my own Professional Liability Insurance or I have Professional Liability Insurance coverage through my employer (specify name of employer):
_____.
- I attest that I adhere to one of the following professional codes of conduct:
 - 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

Signature

Contact Information

CPO BACB® Other (please specify) _____

Registration / Certification # _____

Please note you may be contacted by the single point of access if additional information is required.

Witness:

First and Last Name (please print)

Date

Signature

The Ministry of Children, Community and Social Services (the ministry) may collect professional and personal information submitted about OAP Clinical Supervisors in this Attestation form.

This information is necessary for the proper administration of the Ontario Autism Program. It will be used by the ministry for the purposes of research, information and statistical tracking, subject to any limitations imposed by the *Freedom of Information and Protection of Privacy Act*.

The ministry will not collect personal information about clients (children and families) and witnesses submitted on this form.

By signing this form, the OAP Clinical Supervisor consents to the ministry collecting his or her professional and personal information from the appropriate regional agency for the purposes set out above. If you have any questions about this information collection, please contact:

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