

# Ever Learning

Registered Behavior Technician (RBT) Competency Assessment Intake Form



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## Student Information

Last Name	First Name	
Street Address		Apartment/Unit #
City	State	ZIP
Country	Phone	Skype ID
Time Zone	Personal eMail	
	Work eMail	

## Work History

Company Name	Title	Credential
Street Address		
City	State	ZIP
Country	Phone	Fax
Time Zone	Website	

Scope of Responsibility	
How do you interact with individuals with Autism?	
What do you hope to achieve upon becoming an RBT?	



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Other relevant info

### EDUCATION

College1		Degree		
BACB approved?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	GPA
College2		Degree		
BACB approved?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	GPA

### RBT TRAINING COURSEWORK INFORMATION

Where did you take the RBT Training?  
When did you begin your RBT Training?  
When did you complete your RBT Training?

### CAREER ASPIRATIONS

What are your career aspirations? Do you have any plans to pursue BCBA?

### BACB COURSEWORK (IF APPLICABLE)

Have you taken any BACB-approved courses to become a BCBA (or BCaBA or BCBA-D)?

If yes, list the courses and the name of college

### PREVIOUS SUPERVISION EXPERIENCE

Have you completed any previous supervision experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered yes, please proceed with answering the following questions.		
a. How many direct supervision hours have you completed?		
b. Do you have documentation of your previous supervision experience hours?		

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.  
I understand that false or misleading information in my intake form or interview may result in course termination.

Signature

Date

**Additional Requirements:**

1. **Resume / CV**
2. **Photocopy of State/Country Approved I.D.**
3. **Background Check Info**
4. **RBT Training Proof of Completion Certificate or Letter**



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