

Gifted In Greatness ABA & Private School

Therapist Application & Information Sheet



Gifted In Greatness
ABA & Private School

Please complete all applicable fields. Use "N/A" if a question does not apply.
This application is for therapist, RBT, BCaBA, and BCBA applicants.

Email Application To: Office@giftedgreatness.net

APPLICANT INFORMATION

Full Legal Name:			
License / Credential:	☐ RBT	☐ BCaBA	☐ BCBA
License Number:		License Date:	
NPI Number:		License Expiration:	
Date of Birth:		Driver's License #:	
Social Security Number:			
Home Address:			
Cell Phone:		Second Phone:	
Email Address:			

EMERGENCY CONTACT

Contact Name:		Relationship:	
Phone Number:			

Confidentiality Notice: Information provided on this form will be used only for employment, credentialing, and onboarding purposes.
Do not leave required fields blank. Incomplete applications may delay review.

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PROVIDER & CREDENTIALING INFORMATION

Medicaid Provider:

☐ Yes

☐ No

If yes, Medicaid Number:

Insurance Companies Credentialed (check all that apply):

☐ United

☐ Cigna

☐ Blue Cross Blue Shield

☐ Florida Blue

☐ AvMed

☐ Aetna

☐ Tricare

☐ Other

Other Insurance / Notes:

Degrees Held / Education:

You may attach a resume or additional employment history pages as needed.

EMPLOYMENT HISTORY - EMPLOYER 1

Employer Name:

Start Date:

End Date:

Position:

Reason for Leaving:

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EMPLOYMENT HISTORY - EMPLOYER 2

Employer Name:

Start Date:

End Date:

Position:

Reason for Leaving:

APPLICANT QUESTIONS

1. Do you have reliable transportation to and from work?

☐ Yes

☐ No

2. Are you comfortable assisting with potty training/diaper changing as needed?

☐ Yes

☐ No

3. Do you have any physical restrictions that may affect job duties?

☐ Yes

☐ No

4. What hours are you available to work Monday through Friday?

Additional Information:

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REQUIRED ONBOARDING DOCUMENTS

The following documents must be provided during the onboarding and hiring process. Check each item as received or completed.

- ☐ 1. Driver's License
- ☐ 2. Social Security Card
- ☐ 3. High School Diploma, GED, or Degree
- ☐ 4. 40-Hour RBT Certificate of Training / 8-Hour Supervision Certificate, if applicable
- ☐ 5. RBT, BCaBA, or BCBA License / Certification
- ☐ 6. CPR Certification

In-Service Trainings Needed for Employment

- ☐ 7. Certificate of Completion of Public Health Training
- ☐ 8. Annual OSHA Course Completion
- ☐ 9. Bloodborne Pathogens Training Certificate
- ☐ 10. APD Zero Tolerance Certificate
- ☐ 11. HIPAA Certificate

Office Use Only

Reviewed By:

Date:

Position / Status:

☐ File Complete

Applicant Signature:

Date: