



# Gifted in Greatness

## ABA & Autism Center

### THERAPIST APPLICATION & INFORMATION SHEET

Name: \_\_\_\_\_

License: (please circle)      RBT      BCaBA      BCBA

License Number: \_\_\_\_\_ License Date: \_\_\_\_\_

NPI #: \_\_\_\_\_ License Expiration: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (cell) \_\_\_\_\_

Second Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: (name, phone & relationship)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medicaid Provider:** (please circle) Yes No

If yes, Medicaid Number: \_\_\_\_\_

**Insurance Companies Credentialed:** (please Circle all that apply)

United Cigna Blue Cross Blue Shield Florida Blue

AvMed Aetna Tricare

Other: \_\_\_\_\_

**Degrees Held:** \_\_\_\_\_

\_\_\_\_\_

**Previous/Current Employers: (You May Attach Resume)**

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Questions:

1. Do you have transportation to and from work? \_\_\_\_\_
2. Are you okay with potty training/diaper changing? \_\_\_\_\_
3. Do you have any physical restrictions? \_\_\_\_\_
4. What hours are you available to work Monday – Friday? \_\_\_\_\_

Additional Information:

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**\*\*THE FOLLOWING DOCUMENTS **MUST BE** PROVIDED AT THE TIME OF  
ONBOARDING DURING THE HIRING PROCESS**

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

-----IN SERVICES NEEDED FOR EMPLOYMENT-----

7. Certificate of Completion of Public Health Training
8. Annual OSHA course completion
9. Certificate of Blood Borne Pathogens Training
10. Certificate of APD Zero tolerance
11. HIPPA Certificate