

ATTESTATION FORM FOR A LICENSED PSYCHOLOGIST CURRENTLY ENROLLED IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND WISHING TO PROVIDE APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES

If you are currently enrolled with the Maryland Medical Assistance Program as a psychologist (Provider Type 15) and wish to provide ABA services to eligible Maryland Medical Assistance Program participants, you must complete this attestation form and e-mail a copy of it to dhmh.aba@maryland.gov.

You must also register with Beacon Health Options at http://maryland.beaconhealthoptions.com/provider/provider_home.html.

Please check the following statements:

- I attest that I am qualified to provide ABA services.
- I attest that I shall act within the scope of my practice when providing ABA services to Maryland Medical Assistance Program's participants.

SIGNATURE:.....

DATE:.....

NAME:.....

MA #:.....