Louisiana Behavior Analyst Board

Baton Rouge, Louisiana

22-295-8413

Discontinuation of RLT and/or SCABA Supervision

Please complete this form to end the Registered Line Technician (RLT)/State Certified Assistant Behavior Analyst (SCABA) and Behavior Analyst supervisory relationship. This form shall be submitted to the BA Board within 10 days of the end of the supervisory relationship.

Please Check the Appropriate Box ☐ RLT ☐ SCABA			
Name (neatly printed)	Certification Number **C-**_____	or	Registration Number **R-**_____
Name of Behavior Analyst (neatly printed)			License Number **L-**_____
Start Date of Supervision _____-_____-_____	End Date of Supervision _____-_____-_____		
SCABA or RLT's Signature (cannot be blank, see FAQ - #4)			Date _____-_____-_____
Behavior Analyst's Signature			Date _____-_____-_____

EMAIL COMPLETED FORM TO: RHONDA.BOE@LA.GOV

ELECTRONIC SIGNATURES MUST BE TIME-STAMPED DOCUMENT