

Signature:__

Continuing Education Class (RBT Training) Registration Add/Drop Form

 $On line\ registration\ is\ available\ at\ \underline{www.clovis.edu/continuingeducation/bit/index.aspx}.$

Deliver Form in Person: Clovis Community College, Educational Services Room #151, 417 Schepps Blvd., Clovis, NM 88101

Register by Phone: (575) 769-4760 Deliver by Email: ChavezE@clovis.edu

Last Name		Fir	st Name	MI	Soc. Sec.	Soc. Sec. No. or CCC Student ID		
Date of Birth Home/Cell Phone			Bus. Phone	Email (One that is frequently checked)				
Mailing Address			City	State	Zip Code	-		
Emergency Contact				Relationship		Phone	-	
Company Name (for Company Contract Classes)				Address		Phone	-	
				Reg	gistration			
Add	Drop	Co	urse Title		Sta	rt Date		
	-		-	ourse has started. All refu		<u>lays</u> prior to class start will receive a 100 percent urned to the benefactor.		
l understa	nd that:							
This trainir	ng meets	the 40-hour	training requireme	nt established by the Beha	avior Analyst C	ertification Board (BACB)		
Completio	n of this	training is on	ly one part of the F	BT certification process, v	which also incl	udes a:		
	O Competency Assessment (conducted by a qualified BCBA/BCABA)							
	O Background check							
	 RBT Exam I am responsible for completing the remaining certification steps through the BACB 							
	O I acknowledge the Course Delivery Policy: Course work will be held in a hybrid setting. In-person training will take place 2 days per week at Clovis Community College (Clovis, NM) for 2 hours each session and the remaining 6 hours of training per week will be completed online. Students are responsible for transportation to and from the facility for course work and for lab and practical training							
				I acknowledge and agre	ee to the above	e requirements.		

Date:___