

ETHICAL REFERENCE FORM & WAIVER OF LIABILITY

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Jennifer Jones, OPG, 10080 E 121st St, suite 112, Fishers, IN 46037 or this completed form can be emailed to jjones@opgrowth.com.

Directions for ethical reference - who you can use as a reference: HSPP, whoever knows your work, colleague who has been a mentor is knowledge, superior to supervisor such as the director of behavior services, case manager, Quality Assurance Supervisor.

Definition- Good ethical practice involves ethical billing practices for each person's supported that include accurately billing for activities to the 460 Medicaid waiver guidelines, effective behavioral planning, and ethical practice with the people and families, and teams supported.

I, (applicant:) , hereby authorize (endorser:) , to provide the Professional Credentialing Committee of Indiana Association of Behavioral Consultants with all information of any kind which the endorser may deem relevant to my qualifications as an applicant for Registered Behavior Consultant. I hereby release and discharge the endorser from all claims arising out of the provision of such information, which will be kept confidential.

DATE: APPLICANT'S SIGNATURE _____

The remainder of this form is to be completed by the endorser. Failure to do so will render this document invalid. Do not complete unless above waiver is signed. Please print or type.

Name of endorser Title

Telephone number Email

Relationship of endorser to applicant (i.e. supervisor, consultant, colleague, teacher, etc.)

Length of time applicant known: From to

Do you certify that the applicant meets or exceeds ethical standards in his/her field of practice?

Yes No Not enough information regarding ethical behavior

Comments regarding applicant:

10. By my signature, I am indicating that the answers given above are true, complete and correct. I agree to provide any additional information requested by the Professional Credentialing Committee

Date: Endorser's signature: _____