ADAMS
BEHAVIORAL CONSULTING LLC

Contractor Application

Behavior Support Services (BSS) · Independent Contractor (1099)

110 Harmony Crossing, Eatonton, GA 31024
404-808-7246

Thank you for your interest in joining Adams Behavioral Consulting. Please complete every section that applies to you. This form can be filled in on screen; save a copy when you are finished and email it to Tiffany Soto at the address below.

Submit to: Tiffany Soto · tiffanysoto@adamsbehaviorconsulting.net

01 POSITION

Availability ◯ Full-time ◯ Part-time ◯ Either

> **Independent contractor position**
> BSS providers work with Adams Behavioral Consulting as independent contractors and are paid on a 1099 basis. Contractors are responsible for their own taxes and are not eligible for employee benefits.

Do you understand and accept that this is a 1099 independent contractor position? ◯ Yes ◯ No

Do you currently carry professional liability insurance? ◯ Yes ◯ No

DESIRED START DATE

COUNTIES / AREAS WILLING TO SERVE

02 PERSONAL INFORMATION

FULL LEGAL NAME

DATE

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Are you 18 years of age or older? ◯ Yes ◯ No

Do you have reliable transportation and a valid driver's license? ◯ Yes ◯ No

Are you legally authorized to work in the United States? ◯ Yes ◯ No

03 EDUCATION

Degrees earned (most recent first)

DEGREE (E.G., B.S., M.ED.)	MAJOR / FIELD OF STUDY	COLLEGE / UNIVERSITY	YEAR

04 BSS QUALIFICATIONS

> **Minimum requirement**
> BSS positions require a Master's degree in Education, Psychology, Social Work, or Sociology, or current certification as a Board Certified Behavior Analyst (BCBA). Please answer every question below.

Master's degree

Do you hold a Master's degree in Education, Psychology, Social Work, or Sociology? ◯ Yes ◯ No

IF YES, SELECT THE FIELD

☐ Education ☐ Psychology ☐ Social Work ☐ Sociology

EXACT DEGREE TITLE	COLLEGE / UNIVERSITY	YEAR CONFERRED

BCBA certification

Are you a Board Certified Behavior Analyst (BCBA)? ◯ Yes ◯ No

BCBA CERTIFICATION NUMBER	ORIGINAL CERTIFICATION DATE	EXPIRATION DATE

OTHER LICENSES OR CERTIFICATIONS (E.G., BCABA, LPC, LCSW, LMSW)	NPI NUMBER (IF ANY)

Do you have experience providing services under Georgia's NOW/COMP waiver programs? ◯ Yes ◯ No

YEARS WRITING BEHAVIOR SUPPORT PLANS	YEARS CONDUCTING FUNCTIONAL BEHAVIOR ASSESSMENTS

05 PROFESSIONAL EXPERIENCE

List your most recent relevant positions first, including your role, the organization and dates of employment. Attach additional pages if necessary.

Position 1

ROLE / JOB TITLE

ORGANIZATION

START DATE

END DATE

SUPERVISOR & PHONE

KEY RESPONSIBILITIES AND DUTIES

Position 2

ROLE / JOB TITLE

ORGANIZATION

START DATE

END DATE

SUPERVISOR & PHONE

KEY RESPONSIBILITIES AND DUTIES

Position 3

ROLE / JOB TITLE

ORGANIZATION

START DATE

END DATE

SUPERVISOR & PHONE

KEY RESPONSIBILITIES AND DUTIES

06 SKILLS & QUALIFICATIONS

Check each statement that applies to you.

- [ ] Conducting Functional Behavior Assessments (FBAs)
- [ ] Writing Behavior Support Plans / Behavior Intervention Plans
- [ ] Analyzing and graphing behavioral data to guide treatment decisions
- [ ] Training caregivers, families, and direct-care staff to implement plans
- [ ] Working with adults and children with intellectual and developmental disabilities
- [ ] Developing crisis and safety plans
- [ ] Completing clinical documentation and progress reports on deadline
- [ ] Collaborating with support coordinators, providers, and care teams

OTHER RELEVANT SKILLS (LANGUAGES SPOKEN, SOFTWARE, POPULATIONS SERVED)

07 PROFESSIONAL REFERENCES

Please provide at least three professional references who can speak to your qualifications and work experience. At least one should be a current or former clinical supervisor.

REFERENCE 1 — NAME	RELATIONSHIP	PHONE	EMAIL

REFERENCE 2 — NAME	RELATIONSHIP	PHONE	EMAIL

REFERENCE 3 — NAME	RELATIONSHIP	PHONE	EMAIL

08 ADDITIONAL INFORMATION

Use this space for any additional information you believe is relevant to your application.

ADDITIONAL INFORMATION

09 APPLICANT CERTIFICATION

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false or omitted information may disqualify me from consideration or result in termination of my contractor agreement, and I authorize Adams Behavioral Consulting LLC to verify the information provided, including credentials and references.

☐ I have read and agree to the statement above.

SIGNATURE (TYPE FULL NAME)

DATE