



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

700 Summer St NE, Suite 320
Salem, OR 97301-1287
Phone: (503)378-8667
Fax: (503)585-9114

<http://www.oregon.gov/OHA/HLO>

WHO: Health Licensing Office
Behavior Analysis Regulatory Board

WHEN: 9 a.m. April 1, 2016

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Go to <http://www.oregon.gov/OHA/HLO> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

Items for Board Action

Approval of Agenda



Health Licensing Office
Behavior Analysis Regulatory Board



9 a.m., April 1, 2016
700 Summer St. NE, Suite 320
Salem, Oregon

Call to order

1. Items for board action

- ◆ Approval of agenda
- ◆ Approval of the Jan. 15, 2016, minutes

2. Reports

- ◆ Director's report
- ◆ Licensing and fiscal
- ◆ Policy
Rulemaking discussion
- ◆ New website

3. Public/interested parties' feedback

4. Other board business

Agenda is subject to change.

For the most up to date information, go to <http://www.oregon.gov/OHA/HLO>

Approval of Minutes



Health Licensing Office
Behavior Analysis Regulatory Board

◆ ◆ ◆
Jan. 15, 2016

700 Summer St. NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Wendy Machalicek - chair
Maria Gilmour – vice chair
Brenna Legaard – joined at about 9:20
a.m. via teleconference
Keith Cheng
Candice Pogge
Carol Markovics
Amy Loukus – via teleconference
Michele Raddish

STAFF PRESENT

Sylvie Donaldson, interim director and fiscal services and
licensing manager
Anne Thompson, policy analyst
Sarah Kelber, communications coordinator
Maria Gutierrez, board specialist

MEMBERS ABSENT

Call to order

Chair Wendy Machalicek called the Behavior Analysis Regulatory Board to order at 9 a.m. on Jan. 15, 2016. Roll was taken.

Items for board action

- ◆ **Approval of agenda**
- ◆ Michele Raddish made a motion, with a second by Maria Gilmour, to approve the agenda. The motion passed.

- ◆ **Approval of minutes**
- ◆ Candice Pogge made a motion, with a second by Keith Cheng, to approve the minutes from Nov. 18, 2015. The motion passed.

Reports

◆ Director's report
Sylvie Donaldson told the Board about the Health Licensing Office's (HLO) transition to the Oregon Public Health Division (PHD) within the Oregon Health Authority (OHA). She said that it was a better fit, as HLO regulates individuals and PHD regulates many of the places where our licensees and registrants work.

Donaldson said that the 2016 legislative session is gearing up. The even-numbered years are short sessions and most legislation is related to cleanup, rather than big legislative concepts.

Communication Coordinator Sarah Kelber updated the Board on the website update, telling members that she was still waiting for photos and bios from members. She said the new site will be better organized and easier to navigate. Kelber also said that OHA had approved a social-media plan, and so HLO has two Facebook pages; one is for cosmetology and the other is for all of the other boards and programs. She said the pages would be used to communicate office closures for weather, proposed rule changes and other things of interest.

◆ **Licensing and fiscal**

Donaldson used graphics to show the Board the number of licenses and registrations, as well as how they break down by age and gender. She pointed out that the authorization holders for this Board are relatively young and that the Board is \$22,000 in the red. She said that the deficit is common for a new Board and that hopefully as people renew and more apply the trend will improve.

◆ **Policy**

Donaldson showed the Board a proposed rulemaking schedule, as the passage of Senate Bill 696 changed the makeup of the Board, as well as the licensees it oversees and criteria for licensing and registration. Rules must be changed to align with the new statute.

Machalicek, Carol Markovics and Pogge had questions about the process, including how a Rules Advisory Committee (RAC) works, and areas that have not been touched on at all, such as continuing education requirements.

To make the most of the Board's time, HLO proposed moving the October Board meeting to November so members can review materials from the public comment period on proposed rules.

Items for board action II

◆ **Moving October meeting date to November**

Keith Cheng made a motion, with a second by Maria Gilmour, to move the October meeting date to Nov. 18. The motion passed.

◆ **Approval of rulemaking schedule as amended**

Michele Raddish made a motion, with a second by Candice Pogge, to approve the rulemaking schedule as amended. The motion passed.

Public/interested parties' feedback

None.

Other board business

Raddish asked Donaldson about the complaint process and how involved the Board is in it. Donaldson explained that the Board is not brought into the process until later because HLO investigators must first determine if any laws or rules were broken. She said that the investigators can come to the Board if they need guidance, and that subject matter experts are used to guide the staff as well.

Machalicek told the Board she had supplied guidelines from the Behavior Analysis Certification Board (BACB) around policy and ethical issues and there were printouts for members to take home and read.

Donaldson showed the Board how to navigate HLO's website so they could see the laws and rules and be ready to get into the rulemaking process at the next meeting.

Raddish said she found reading Senate Bill 696 was challenging; Donaldson said that if it's needed, our assistant attorney general can attend a meeting and explain anything the Board finds confusing.

Kelber said the new website will feature photos of the professions and asked the Board for ideas of how to illustrate service delivery without violating a client's privacy. Gilmour said she would send Kelber a place that offers photos.

Donaldson told the Board that HLO has requested to move the office to another Salem location that had free parking and a bigger lobby and conference room. She said nothing has been finalized but Boards will be kept up to date.

Cheng had questions about the grandfathering piece of S.B. 696, including if the Board could impose continuing education requirements.

Donaldson said they could, and that requirements can be different for all of the authorization holders the Board oversees. She said that national associations often have a broader range of types of things they will accept for continuing education; boards are limited because "continuing education" has a statutory definition that cannot be exceeded.

The Board meeting was adjourned at 10:19 a.m.

Minutes prepared by Anne Thompson, policy analyst

Director's Report

Licensing and Fiscal Statistical Reports

Health Licensing Office Behavior Analysis Regulatory

Licensing Division Statistics as of March 17, 2016

2015 - 2017 Biennium

Authorizations Issued

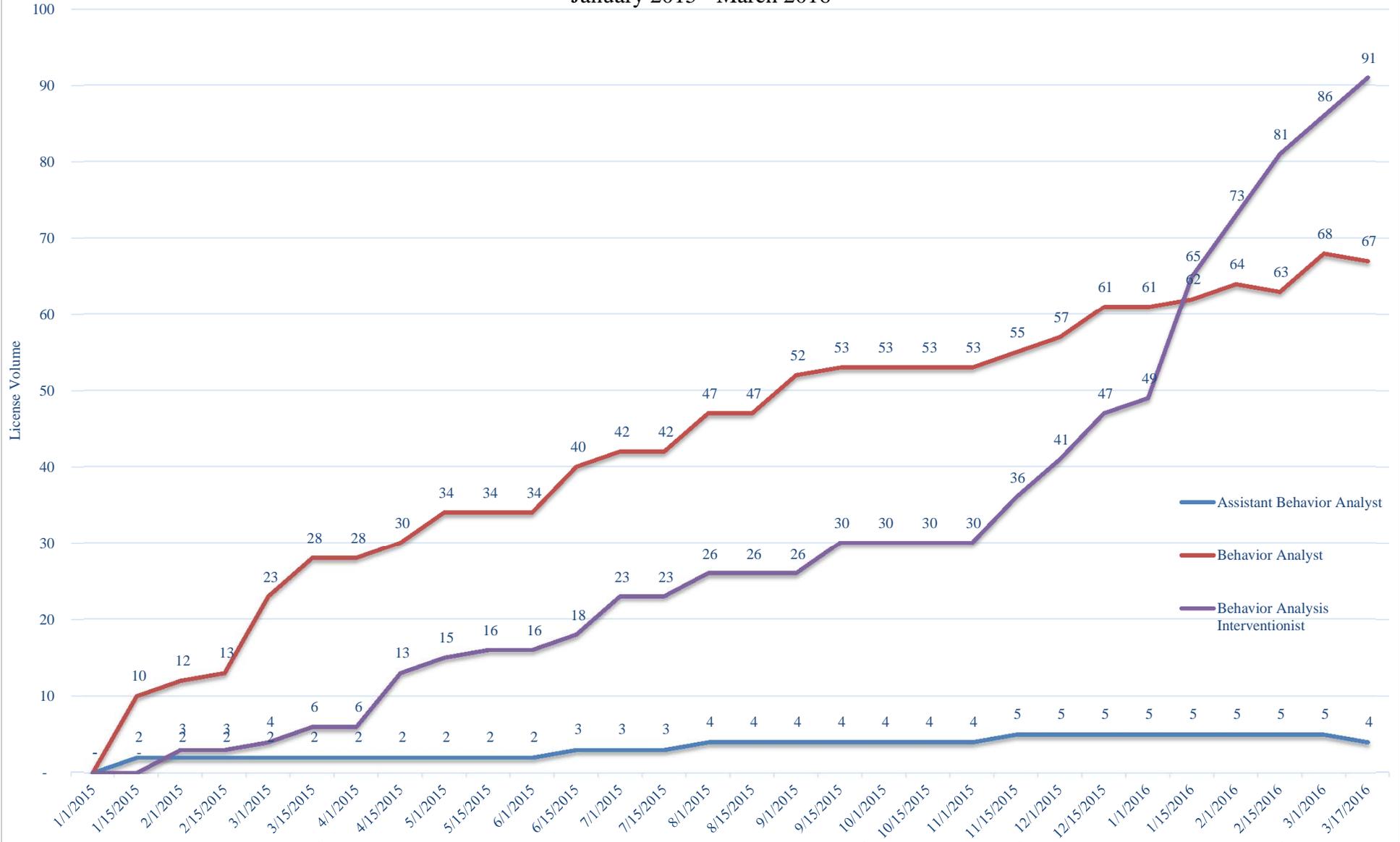
Quarter	Behavior Analyst	Assistant Behavior Analyst	Behavior Analysis Interventionist	Total
1st	11	1	7	19
2nd	8	1	20	29
3rd	11	-	42	53
4th	-	-	-	-
5th	-	-	-	-
6th	-	-	-	-
7th	-	-	-	-
8th	-	-	-	-
Total:	30	2	69	101

Renewals Processed

Quarter	Behavior Analyst	Assistant Behavior Analyst	Behavior Analysis Interventionist	Total
1st	-	-	-	-
2nd	-	-	-	-
3rd	19	2	4	25
4th	-	-	-	-
5th	-	-	-	-
6th	-	-	-	-
7th	-	-	-	-
8th	-	-	-	-
Total:	19	2	4	25

Behavior Analysis Regulatory Board

Active License Trends
January 2015 - March 2016



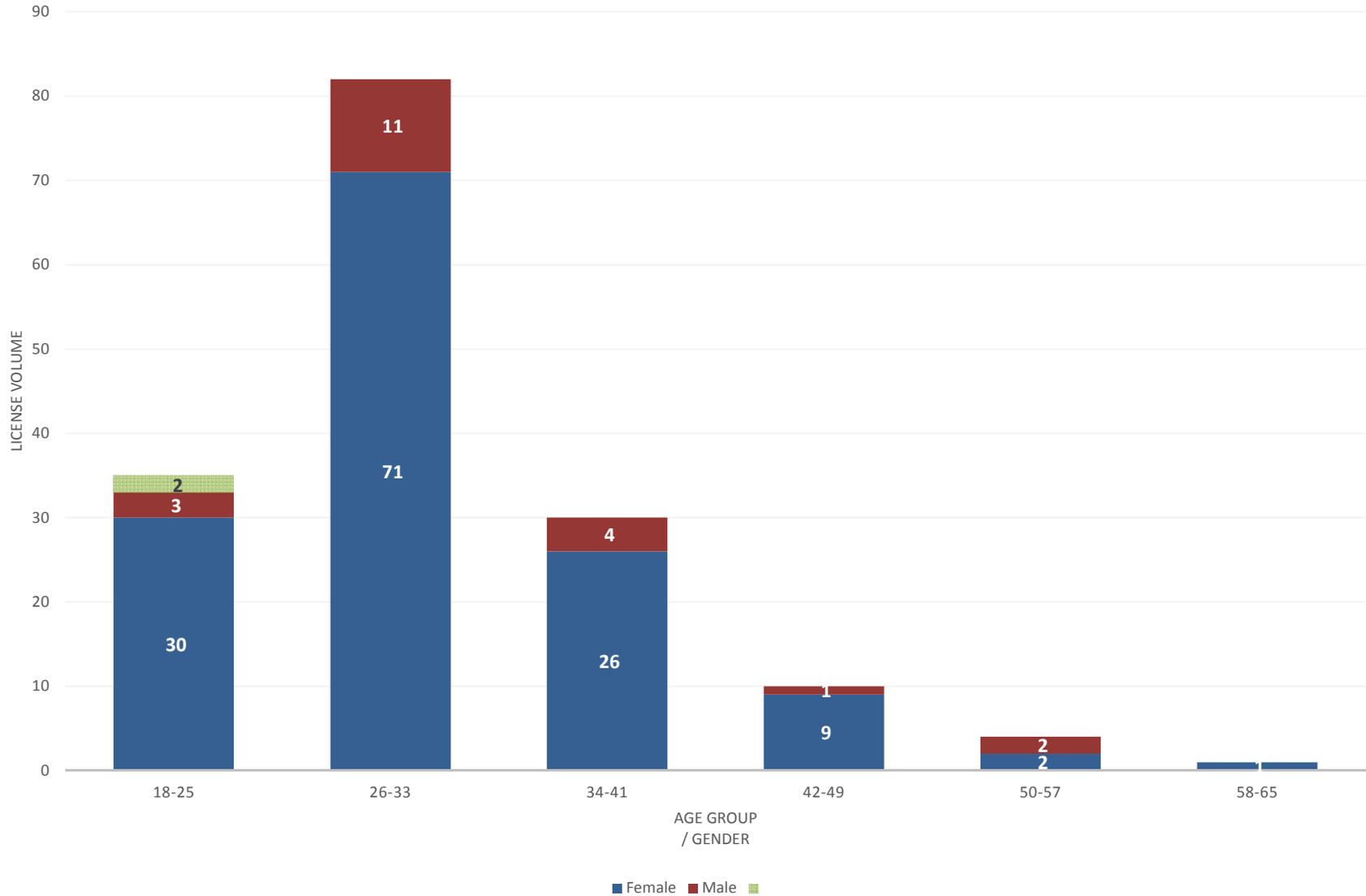
* Note that the bi-monthly updates in this report are temporary during the startup phase for the board, and will shift to the HLO-standard quarterly update in future reports.

Behavior Analysis Regulatory Board

Active Licensee Volume

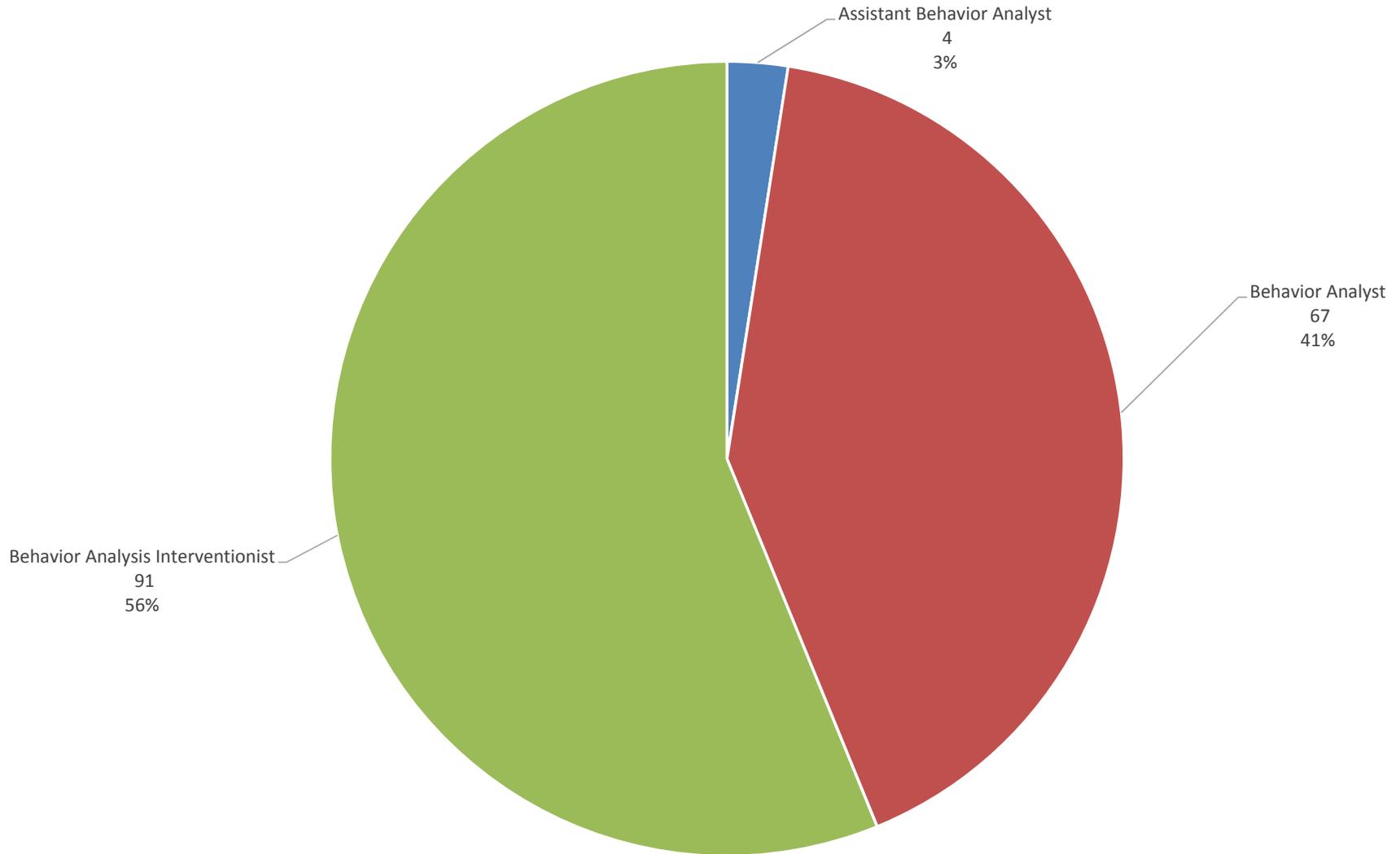
Statistics Grouped by Gender and Age Group as of March 17, 2016

2015-17 Biennium



Behavior Analysis Regulatory Board

License Volume by License Type as of March 17, 2016
2015 - 2017 Biennium



HEALTH LICENSING OFFICE Fund 3860 - BEHAVIOR ANALYSIS REGULATORY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/15 - 03/17/16	
CURRENT	
15-17' Beginning Cash Balance	\$ (20,635.00)
Revenues	\$ 28,195.00
Expenditures	\$ 21,090.02
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (21,090.02)
Subtotal: Resources Available	\$ (13,530.02)
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Actual)	\$ (13,530.02)
Indirect Charges are calculated using the following rates:	
* Based on average Licensee Volume	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.13%
Inspection %	0.00%

HEALTH LICENSING OFFICE Fund 7860 - BEHAVIOR ANALYSIS REGULATORY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/15- 06/30/17	
PROJECTED	
15-17' Beginning Cash Balance	\$ (20,635.00)
Revenues	\$ 64,545.00
Expenditures	\$ 67,488.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (67,488.00)
Subtotal: Resources Available	\$ (23,578.00)
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projection)	\$ (23,578.00)
Indirect Charges are calculated using the following rates:	
* Based on average Licensee Volume	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.13%
Inspection %	0.00%

Policy Report



ADMINISTRATIVE RULE SCHEDULE

Health Licensing Office
Behavior Analysis Regulatory Board

Date	Action	Time
Jan. 15, 2016	Board meeting. Approve administrative rulemaking schedule	9 a.m.
April 1, 2016	Board meeting. Review declarations and discuss criteria for grandfathering. Discuss supervision, continuing education and other areas of rulemaking.	9 a.m.
May 20, 2016	Board meeting. Discuss rulemaking and the groups and professionals that will be represented on the Rules Advisory Committee (RAC).	9 a.m.
July 28 , 2016	RAC meeting	10 a.m. to 2 p.m.
Aug. 19, 2016	Board meeting. Board approves proposed rules.	9 a.m.
Sept. 15, 2016	Deadline for getting rules into October Oregon Bulletin	
Oct. 1, 2016	Notice of proposed rules in Oregon Bulletin	
Oct. 28, 2016	Last day for public comment and public rule hearing	9 to 11 a.m.
Nov. 18, 2016	Board meeting. Review and approve permanent rules	9 a.m.
Jan. 1, 2017	Effective date of permanent rule	

Comments received prior to Oct. 1, 2016, will not be considered by the Health Licensing Office or the Behavior Analysis Regulatory Board.

Send public comments or questions to:
Anne Thompson, Policy Analyst
700 Summer St. NE, Suite 320, Salem, OR 97301-1287
anne.p.thompson@state.or.us Call: (503) 373-1904

Meetings are held at the Health Licensing Office, Rhoades Conference Room, 700 Summer St., Suite 320, Salem, OR 97301, unless otherwise specified. Members of the public are invited and encouraged to attend all board and committee meetings. However, audience members will not be allowed to participate

MAR 21 2016

DECLARATION OF ACTIVE PRACTICE IN BEHAVIOR ANALYSIS

An individual who was actively practicing applied behavior analysis on Aug. 14, 2013, may continue to claim reimbursement from a health benefit plan, the Public Employees Benefit Board or the Oregon Educators Board only if the individual submits a satisfactory declaration and other required documentation to the Office not later than April 30, 2016.

1. Individual's Information

NAME: LAST <u>Smith</u>	FIRST <u>Pamela</u>	MIDDLE INITIAL <u>J</u>
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED) <u>3227 Quince St SE</u>		
CITY <u>Olympia</u>	STATE <u>WA</u>	ZIP <u>98501</u>
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) <u>7739 SW Capitol Highway Suite 200</u>		
CITY <u>Portland</u>	STATE <u>OR</u>	ZIP <u>97219</u>
PHONE: <input type="checkbox"/> HOME <input checked="" type="checkbox"/> CELL <u>708 955 5711</u>	BIRTHDATE <u>08/25/1973</u>	EMAIL <u>pam.smith@mundopato.com</u>

2. Curriculum Vitae

This declaration must be accompanied by a curriculum vitae that includes a description of the individual's education, professional experience, training, scholarship, publications, presentations at conferences and any other professional activities.

I have included a copy of a curriculum vitae for review.

3. Declaration/Affirmation

By signing below, I declare and affirm that on August 14, 2013, I was actively practicing applied behavior analysis.

<u>Pamela Jean Smith</u>	<u>3/18/2016</u>
Signature	Date

4. Notary

Subscribed and sworn before me on this 18th day of March, 2016

Notary Public Laura Goldschmidt

My Commission Expires Jan 18th 2020

State of Oregon, County of Multnomah

Notary Signature Laura Goldschmidt



Pamela Jean Smith, M.Ed.
3227 Quince St SE, Olympia, WA 98501
708~955~5711
pam.smith@mundopato.com

Experience

Education and Behavior Consultant

Aug

1999-present

- Assess behavioral needs of students with developmental delays including Autism Spectrum Disorder through Functional Behavior Assessment
- Create and implement behavior plans
- Collaborate with parents and professionals supporting children ages 2-20 with Autism Spectrum and other developmental disorders to achieve academic and behavioral objectives at home and school
- Present training and education to parents, teachers, teaching assistants to promote active engagement in students with special needs.
- Develop and oversee implementation of behavioral plans for students in homes and schools.

Engage Program Co-creator for Mundo Pato Inc.

Jan 2011-present

- Collaborate with co-creator, program manager, CFO and CEO to create and launch the online course, ebook, and comprehensive curriculum for the Engage Program
- Responsible for sales and marketing of the Engage Program
- Implement Engage program for youth with Autism Spectrum Disorder (ASD) in a small group setting including planning activities, behavioral consultation, and communication with parents

Education Consultant, Simply Balanced

June 2011-June

2012

- Plan daily lessons for students with ASD working in small groups according to the Engage Program and individualized behavior plans.
- Coordinate with co-teachers and parents to maximize learning opportunities for students.
- Lead Parent Community workshop. Determine appropriate topic, guide parent discussion, and follow up with parent practice in between weekly sessions.
- Consult with parents to navigate the Relationship Development Intervention Program for parenting children with ASD.

Master Teacher

2008-June

2011

- Plan, prepare and execute daily lesson plans for elementary age students.
- Plan, prepare and execute behavior plans for challenging behavior
- Oversee training and education of teachers and teaching assistants. Determine relevant topics, organize information exchange, evaluate knowledge acquisition and the teacher's ability to implement new information
- Collaborate with program directors, school principal, school psychologist, and other master teacher.

Applied Behavioral Analysis Lead Therapist

1994-1999

- Collaborate on the development of behavior programs for children ages 2-10 in home ABA programs
- Implement discrete trial teaching programs for children in home ABA programs

Pamela Jean Smith, M.Ed.
3227 Quince St SE, Olympia, WA 98501
708~955~5711
pam.smith@mundopato.com

- Collect data and track progress toward goal mastery over time

Education

Master of Education in Instructional Leadership, Elementary Education
December 1998
University of Illinois at Chicago

Bachelor of Individualized Studies ~ Education, Spanish, History of American Minorities
March 1996
University of Minnesota, Twin Cities

Training and Certification

Oregon Intervention System level G (June 2014)
Oregon Intervention System Level IF (March 2015)
Relationship Development Intervention (RDI) Program® Certified Consultant (2006-2013)
TEACCH Autism Level 1 (2001)
CPR and First Aid (March 2014)



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FEB 12 2016

Print Form

DECLARATION OF ACTIVE PRACTICE IN BEHAVIOR ANALYSIS

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1. Individual's Information

NAME: LAST Calouri FIRST Katherine MIDDLE INITIAL A

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)
14750 NW Ridgeway Ct

CITY Beaverton, OR STATE OR ZIP 97006

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

PHONE: HOME CELL BIRTHDATE EMAIL
503-888-3938 2/6/63 kcalouri@paceplace.org

2. Curriculum Vitae

This declaration must be accompanied by a curriculum vitae that includes a description of the individual's education, professional experience, training, scholarship, publications, presentations at conferences and any other professional activities.

I have included a copy of a curriculum vitae for review.

3. Declaration/ Affirmation

By signing below, I declare and affirm that on August 14, 2013, I was actively practicing applied behavior analysis.

[Signature] 2/9/16
Signature Date

4. Notary

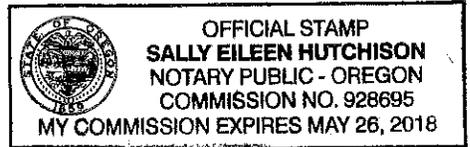
Subscribed and sworn before me on this 9 day of February, 2016

Notary Public Sally Eileen Hutchison

My Commission Expires 5/26/18

State of Oregon, County of Washington

Notary Signature Sally Eileen Hutchison



Katherine A. Calouri, Ph.D.

2360 SW 170th Ave
Beaverton, OR 97006
503.356.8334

EDUCATION

University of California, Los Angeles
Major: Developmental Psychology
Minor: Learning and Behavior
Awarded: M.A., 1989
Awarded: Ph.D., 1997

Claremont McKenna College, Claremont, CA
Major: Psychology
Awarded: B.A., 1985
Graduated Cum Laude, with Honors in Psychology

WORK EXPERIENCE

1992 – present Clinical Director/Owner
Project P.A.C.E. Inc.
Parent and Child Enrichment
Beaverton, OR

1988-1992 Clinic Supervisor & Workshop Consultant
Clinic for the Behavioral Treatment of Children
Department of Psychology, UCLA
Los Angeles, California
Supervisor: O. Ivar Lovaas, Ph.D.

1985-1988 Classroom Teacher
Oregon Regional Program for Autism
Portland, OR
Supervisor: Linda Schwartz & Sandra Pemberton

RESEARCH EXPERIENCE

1988-1992 Research Assistant
Department of Psychology
Clinic for the Behavioral Treatment of Children
UCLA
Los Angeles, California

- 1989 Primary Investigator
Master's Thesis: "Context reinstatement and context variability effects in autistic children."
Department of Psychology
UCLA
Los Angeles, CA
- 1997 Primary Investigator
Doctoral Dissertation: "The effect of presentation modality and response modality on the recall of children with autism."
Department of Psychology
UCLA
Los Angeles, California

UNIVERSITY TEACHING EXPERIENCE

- 1990 Teaching Assistant
1990-1991 Teaching Associate
UCLA
Los Angeles, California

SPEAKING ENGAGEMENTS

Speaker at conferences throughout United States and Internationally. Approximately 4-6 times per year from 1993 to present.

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1. Individual's Information

NAME: LAST <u>Hamblen</u>		FIRST <u>Eric</u>	MIDDLE INITIAL <u>J.</u>
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED) <u>14750 NW Ridgetop Ct</u>			
CITY <u>Beaverton</u>		STATE <u>OR</u>	ZIP <u>97006</u>
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)			
CITY		STATE	ZIP
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BIRTHDATE	EMAIL	

2. Curriculum Vitae

This declaration must be accompanied by a curriculum vitae that includes a description of the individual's education, professional experience, training, scholarship, publications, presentations at conferences and any other professional activities.

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[Signature] 2/11/16
Signature Date

4. Notary

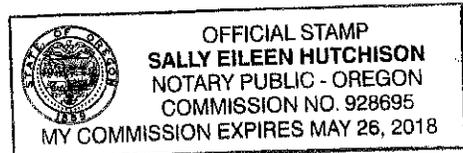
Subscribed and sworn before me on this 12 day of February, 2016

Notary Public Sally E Hutchison Sally Eileen Hutchison

My Commission Expires 5/26/18

State of Oregon, County of Washington

Notary Signature Sally Eileen Hutchison



Eric James Hamblen

Education:

Eric Hamblen has pursued formal education (Portland Community College, 1986-1988; Santa Monica College, 1988-1992; Portland State University, 1998-1999) studying Psychology and Speech & Hearing Science, although he has not completed a degree.

1986 – 1988	Portland Community College Portland, OR
1988 – 1992	Santa Monica College Santa Monica, CA (emphasis on psychology)
1998 – 1999	Portland State University Portland, OR (emphasis on Speech and Hearing)

Professional Training in Relationship Development Intervention.

(RDI Certified Consultant, 2003-2006)

Eric continues to seek out advanced knowledge in Autism Spectrum Disorders by consulting regularly with professionals in the field of autism including:

- Nola Marriner, Ph.D., Speech-language pathologist
- Steve Gutstein, Ph.D., Psychologist
- David Willis, M.D., Developmental Pediatrician
- Katherine Calouri, Ph.D., Developmental Psychologist
- Anne Bagwell, M.A., Family Counselor
- Alan Schore, PhD Psychologist
- Bonnie Badenoch, PhD, LMFT
- Cindy Schneider, MD Director of CARE (Center for Autism Research and Education)

Work Experience:

Eric Hamblen has been working with children with Autism Spectrum Disorders (ASD) since 1985 in public and private schools, and as a therapist at the UCLA Clinic for the Behavioral Treatment of Children under the direction of Dr. Ivar Lovaas. Eric is the Co-Founder, Co-Owner, and Program Director of Project P.A.C.E., Inc (Parent And Child Enrichment). Eric has provided consultations and training to families and professionals all over the world and has held international speaking engagements. Eric enjoys facilitating recreational adventures for children and their families such as camping, backpacking, and experiencing challenge courses.

1992 – Present	Project P.A.C.E., Inc. (Parent And Child Enrichment) PACE Place Immersion Program Co-Founder and Co-Owner Program Director
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Provide training to parents and professionals, utilizing best practices with children with Autism Spectrum Disorder (ASD), ADD, ADHD, and other developmental disorders. Parent-lead intervention is the foundation of the family-centered model of PACE. Eric guides parents to be the most effective vehicle of progress for their child. Eric administers a functional assessment of the child's abilities with the family system. Eric

has created, implemented, and trained staff on extensive data collection system for all therapeutic goals and objectives.

Supervisor: Katherine A. Calouri, Ph.D.

2006-Present Connector Rx

Eric is the inventor of the relationship enhancement device known as the Connector Rx. Eric has provided both national and international trainings for parents and professionals on the efficacy as well as the effectiveness of this device to support parents and professionals develop and/or enhance secure attachment patterns.

2000 - Present Camp Facilitator

Eric combines his expertise in child development with recreational activities within a camp setting. Whether the campers come with their parents or not, Eric promotes appropriate social engagement, independence, and problem-solving using developmental and ABA methodologies.

1992 – Present Speaking Engagements

Eric is a popular speaker who uses his years of experience and practical wisdom to address conferences and facilitate smaller parent groups. Eric is accomplished in speaking about learning styles, developmental readiness, and how to make the most of experiential learning. Eric's methodology combines 30 years of developmental training, ABA experience and RDI training (Certified RDI Consultant, 2003-2006). Eric has presented throughout the US and internationally.

**1988 – 1992 Behavioral Therapist
Los Angeles, CA**

Provided one-to-one ABA therapy to children with autism. Worked as an integral member of several treatment teams to create and implement effective educational programming to include the following: language skills, academics, social skills, self-help skills, and behavior management. Tracked client progress through extensive data collection system for all educational goals and objectives.

Supervisor: Ivar Lovaas, Ph.D.

**1985 – 1988 Instructional Assistant
Portland, OR**

Provided one to one and group supervision to children in a multi-handicapped preschool setting and in a self-contained classroom for children with autism. Helped to maintain IEP and IFSP objectives throughout the school year, with emphasis on self-help skills, communication, social skills, behavior management, and academics in the school environment. Tracked student progress through extensive data collection system for all IFSP and IEP goals and objectives.



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1. Individual's Information

NAME: LAST FIRST MIDDLE INITIAL
Avila, Barbara R.

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)
15545 SW Siletz Ct.

CITY STATE ZIP
Beaverton OR 97007

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)
7739 SW Capitol Hwy. #220

CITY STATE ZIP
Portland OR 97219

PHONE: HOME CELL BIRTHDATE EMAIL
503-349-5982 03/18/1969 bavilaconsulting@gmail.com

2. Curriculum Vitae

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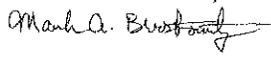
[Signature] 11-20-15
Signature Date

4. Notary

Subscribed and sworn before me on this 20th day of NOVEMBER 2015
Notary Public RETTA R. MANNING
My Commission Expires July 19, 2019
State of Oregon, County of multnomah
Notary Signature [Signature]



Return This Original Document And Keep A Copy For Your Records

MEMORANDUM OF INSURANCE				Date Issued February 8, 2016	
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 www.proliability.com			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured Synergy Autism Center, LLC Suite 220 7739 South West Capital Highway Portland, OR 97219			Company Affording Coverage Liberty Insurance Underwriters, Inc.		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Rehabilitation Professional	AHY-777354002	02/10/2016	02/10/2017	Per Occurrence	\$2,000,000
				Aggregate	\$4,000,000
General Liability				Per Occurrence	
				Aggregate	
Evidence of Insurance					
Memorandum Holder: Addl Insd/Cert Holder			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative  Mark Brostowitz Principal		

Barbara Avila, M.S. RDI®

Owner & Director of Synergy Autism Center

Social-Behavioral Consultant for Families

7739 SW Capitol Hwy, Suite 220

Portland, OR 97219

www.synergyautismcenter.com / 503-432-8760

I own and operate Synergy Autism Center. I provide families and professionals with information and knowledge to guide children's social and dynamic thinking and decrease challenging behaviors. We use a the myriad of safety, health, and developmental supports necessary combining family support and guidance through Applied Behavior Analysis and Relationship Development Intervention.

Education

2004 - Current	Certification in Relationship Development Intervention®
1993	Masters in Developmental Disabilities – University of Oregon <i>Specializing in Autism and Early Development</i>
1987	Bachelors in Psychology – University of California, Santa Cruz <i>Specializing in Autism and Applied Behavior Analysis</i>

Certification

Current	Oregon Intervention System (updated December 2014)
Current	RDI® Certification renewed annually

ExperienceMarch 2006 – Current*Barbara Avila Consulting (2011 became Synergy Autism Center)***Social and Behavioral Consultant for Families****Certified Relationship Development Intervention Consultant**

Train and consult with parents using approaches based in Applied Behavior Analysis for skill acquisition and behavior reduction. Train and consult with parents using Relationship Development Intervention regarding social and behavioral issues for their children with Autism, Aspergers and related disabilities. Guiding parents in ensuring a balance for family health while also remediating core issues associated with autism within their daily routines.

March 2006 – Current*RDICConnect***Supervisor**

Supervise and train professionals for RDI certification; providing guidance via video review, Skype, and feedback with professionals throughout the world pursuing RDI certification.

September 2004 – March 2006*Therapy Solutions for Kids***Social and Behavioral Consultant for Families****Certified Relationship Development Intervention Consultant**

Train and consult with parents using approaches based in Applied Behavior Analysis for skill acquisition and behavior reduction. Train and consult with parents using Relationship Development Intervention regarding social and behavioral issues for their children with Autism, Aspergers and related disabilities. Guiding parents in ensuring a balance for family health while also remediating core issues associated with autism within their daily routines.

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September 1996 – September 2004

Portland Public Schools and Multnomah Education District

Teacher, Behavior, and Autism Consultant

Taught classrooms for children with various disabilities and children typically developing; family consultation role with children with and without autism; autism consultation and guidance for one on one and group academic and behavioral programs for classroom teachers and parents; coordinated and taught model classroom for the state of Oregon using the STAR curriculum developed by Portland State University.

July 1995 – June 1996

PACE – Early Intervention/Early Childhood Education

Early Interventionist and Autism Specialist

Family and classroom consultation for families with children with special needs, specializing in autism spectrum issues.

June 1993 – July 1995

University of Oregon – Special Education Department

Supervisor

Supervised students pursuing Masters degrees in special education, in practicum settings

1988 – 1992

Listen House and Foundation Group Home

Assistant Teacher, Behavior Specialist and Group Home Parent

1988 – 1992

Private families

Applied Behavior Analysis In home Treatment Coordinator

References

*Tobi Rates, Executive Director for Autism Society of Oregon
oregonautism@gmail.com*

*Somlay Soukhaseum, Multnomah County Case Manager
somlay.soukhaseum@multco.us*

Others available upon request

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FEB 29 2016



HEALTH LICENSING OFFICE
Behavior Analysis Regulatory Board

700 Summer St. NE, Suite 320, Salem, OR, 97301
Phone: 503-378-8667 | Fax: 503-370-9004
www.oregon.gov/oha/hlo | Email: hlo.info@state.or.us

BEHAVIOR ANALYST LICENSE APPLICATION

1. Applicant Information

APPLICANT NAME: LAST FIRST MIDDLE INITIAL
Avila, Barbara R.

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)
15545 SW Siletz Ct.

CITY STATE ZIP
Beaverton OR 97007

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)
7739 SW Capitol Hwy. Suite 220

CITY STATE ZIP
Portland OR 97219

PHONE: HOME CELL BUSINESS TELEPHONE EMAIL
503-349-5982 503-432-8760 bavilaconsulting@gmail.com

GENDER BIRTHDATE SOCIAL SECURITY NUMBER or TAX IDENTIFICATION NUMBER (REQUIRED)
 Female Male [REDACTED] [REDACTED]

Have you ever been known under any other name?
 No Yes - If yes, list full name(s): Barbara Avila-Lampe

BACB - Certified Behavior Analyst Certification Number: applying for grandfathered-in status

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state?
 No Yes - If yes, please list information below.

State:	Lic./Cert./Reg.#	Expiration:

2. * (Complete This Section Only If Submitting Payment By Mail) *****

Method Of Payment For Application Fee = \$150; License Fee = \$200

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: [REDACTED]

Card number: [REDACTED] Exp: [REDACTED] Authorized amount: [REDACTED]

Cardholder signature: [REDACTED]

Do not write in this section - Official use only

INITIALS _____ OTC ID Verified BACB Certification Verified LEDS Completed

3. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

• Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. Yes No If yes, please explain: *(attach additional pages if necessary)*

• Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted <i>(attach additional pages if necessary)</i> .	Year Convicted

• As of today are you on probation or parole? Yes No If yes, you must provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Applicant Signature:  **Date:** 2-8-16

ORS 181.534, 676.800, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:  **Date:** 2-8-16

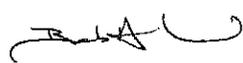


OREGON CLASS **C**
DRIVER LICENSE
5601743 Expires: **03-18-2017**
 AVILA, BARBARA ROSE

DOB **03-18-1969** Issue Date **03-12-2009**

Endorsements	Sex	Record Created
	F	1992
Restrictions	Height	Weight
D	5'02"	124

Expires: 03/18/2017 License
 AVILA, BARBARA ROSE
 15545 SW SILETZ CT
 BEAVERTON OR 97007


CLASS: C - Any single vehicle with a GVWR of not more than 25,000 pounds with the proper endorsements. Any emergency vehicle operated by a firefighter.

RESTRICTIONS
 D - anatomical donor



...
 I WANT TO

4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Ethnic Background (check only one)

- (A) Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) African American (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
- (H) Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

REQUIREMENTS FOR BEHAVIOR ANALYST LICENSE APPLICATION

- Submit a completed application form prescribed by the Board, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees = \$150 (see method of payment section above);
- Submit one form of acceptable photographic identification as outlined in OAR 331-030-0000(10), **which must include applicant's current legal name**: Front and back of legible (clear) photocopies if submitted by mail; driver license, state ID card, passport or military ID card;
- Arrange for proof of current certification by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Behavior Analyst to be sent from the BACB to the Office;
Declaration of Practice
- Pass a fingerprint-based nationwide criminal records check pursuant to OAR 331-030-0004;
livescanned; included in this packet. 2-6 month wait for electronic submissions. FBI finger print sent November 2015.
- If applicable, submit an affidavit of licensure from any state where the individual holds or has held a license as a behavior analyst whether the license is active or inactive; **and**
- Submit required license fee = \$200 (see method of payment section above).



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FEB 29 2016

7739 SW Capitol Hwy #220
Portland, Oregon 97219

www.synergyautismcenter.com
503-432-8760

February 8, 2016

Oregon Health Licensing Office
Behavior Analysis Regulatory Board
700 Summer St. NE Suite 320
Salem, OR 97301

Dear Behavior Analysis Regulatory Board members,

I am applying for being a "Grandfathered-In" Behavior Analyst registered in the state of Oregon. I have included all materials that I understand are required for this application. However, if I am missing anything, please ask and I will ensure those to you.

I look forward to hearing from you and appreciate your time in reviewing my application.

Sincerely,

A handwritten signature in black ink, appearing to read "BA", with a long horizontal flourish extending to the right.

Barbara Avila, M.S. RDI®

Public/Interested Parties' Feedback

Other Board Business

Education

MED. Elem Ed.

Ph.D. Dev. Psych
minor - Learning & Behavior

None
Masters Spec/Bachelors Psych
(ABA)

Edu. in ABA

Cert/Licensure

RDI

RDI

RDI

DECLARANTS ONLY

1. Any "human service" or Masters or PhD
 2. Minimum 27 credit hrs ABA ("Certificate in ABA")
 3. minimum 1000 hrs supervision by LBA or BCBA/BCBA-D
- Supervision record submitted to BARS w/application

Experience in ABA

line therapist (20yr ago)

4yr - Lovaas (24yr ago)

4yr - Lovaas (24yr ago)

- ① Foundations in ABA
- ② Behavioral Assessment
- ③ Positive Behavior Support
- ④ Ethics in ABA
- ⑤ Single subject research (SSR)
- ⑥ SSR advanced

Education

M.Ed. Elem Ed.

Ph.D. Dev. Psych
minor - Learning & Behavior

None

Master's Spec/Bachelor's Psych
(ABA)

Edu. in ABA

Cert/Licensure

RDI

RDI

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- ④ Ethics in ABA
- ⑤ Single subject research (SSR)
- ⑥ SSR advanced



Health Licensing Office
Behavior Analysis Regulatory Board
April 1, 2016

****PLEASE PRINT****

Name (First, Last)	Representing	Request to Comment (Yes/no)
Carol Matthews		
Alice Smith	BABA	Yes
Meghan Jones		No