**TRAINEE INTERNSHIP AGREEMENT**

This contract is made effective this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, by and between [COMPANY NAME] (hereinafter the "Company"), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter "trainee”). This contract constitutes an agreement between these two parties and is governed by the [STATE].

The Company intends to hire the trainee on an unpaid internship basis to gain valuable experience and insight into the field of applied behavior analysis. This internship is unpaid and does not constitute employment. The trainee will not be entitled to wages, benefits, or compensation for the duration of the internship. The trainee understands that completing the internship does not guarantee employment with the Company.

**SCOPE OF RBT INTERNSHIP PROGRAM**

* Initial competency assessment with an active, qualified assessor (BCBA®/BCaBA®) currently employed at the Company.
* Practice experience with a client under the supervision of a BCBA/BCaBA.

**EDUCATION, EXPERIENCE, AND LICENSING REQUIREMENTS**

* High school diploma
* At least 18 years old
* Prior childcare or psychology experience is preferred
* Be in good standing with the BACB®; no previous history of disciplinary actions.

**LIMITATIONS**

The trainee can only observe the client with the BCBA/BCaBA present. Before gaining experience, the trainee must receive written consent from the parent/legal guardian of the observed client. The trainee must provide copies of in-service training for the following:

**[WRITE A LIST OF TRAINING THAT SHOULD BE COMPLETED PRIOR TO STARTING THE INTERNSHIP, E.G., CPR/FIRST AID, HIPAA, ETC.]**

**SERVICE LOCATION**

Service locations may include but are not limited to the home, school, daycare, or PPEC. Service locations outside the home may have additional entry requirements set forth by applicable local laws.

**CONFIDENTIALITY**

The trainee agrees to maintain the confidentiality of all client information and company materials. This obligation extends beyond the duration of the internship.

**LEGAL AUTHORIZATION**

The trainee agrees that he or she is fully authorized to work in the United States of America and can provide proof of this with legal documentation. The required documentation will be kept in the trainee’s file.

**BACKGROUND CHECK**

The trainee must provide the Company with a recent police check. However, the Company will also conduct its own background check on the following:

* Office of Inspector General (OIG) Exclusions Search
* Florida Agency for Health Care Administration (AHCA) Background Screening Check
* Florida Department of Law Enforcement (FDLE) Sexual Offenders and Predators Search

**[THE ABOVE EXAMPLES ARE FOR A FLORIDA-BASED ABA COMPANY; IF YOUR COMPANY RESIDES OUT OF FLORIDA, THEN REVISE FOR YOUR STATE'S APPLICABLE BACKGROUND CHECK SOURCES.]**

**LIABILITY INSURANCE**

The trainee must maintain a student professional liability insurance at his or her expense.

**INTERNSHIP PROGRAM TIME FRAME**

The trainee internship program can take a minimum of [# OF DAYS/WEEKS] up to a maximum of [# OF DAYS/WEEKS] to complete. The duration of the program is dependent on the level of competency required for successful completion of the initial competency assessment.

**REPORTING**

The trainee will report to his or her Supervising Board Certified Behavior Analyst (BCBA) or Supervising Board Certified Assistant Behavior Analyst (BCaBA).

IN WITNESS WHEREOF, the Company and the trainee have executed and delivered this agreement as of the date written below.

**Authorized Company Representative Trainee**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_