



KORA ANALYSIS APPLICATION PACKET

Thank you for applying to work with KORA Analysis, LLC! We are excited to consider you for our team and begin a journey of service provision to clients in need. Your timely completion of the following tasks will help us expedite the application process.

Submit the following documents:

1. Resume
2. Transcript or diploma documenting highest degree held
3. BCBA/BCaBA certificate
4. State license(s)
5. Proof of liability insurance
 - a. Minimum coverage of \$1million individual/\$3million aggregate
6. CPR/BLS Certificate

Return the following completed documents:

1. KORA application packet
2. Employment agreement
3. KORA Policies and Procedures Handbook signature pages

Complete following tasks:

1. Create a log-in and complete your profile at the below link
 - a. <https://proview.caqh.org/Login/>
 - b. Provide your assigned CAQH number to KORA



BEHAVIOR ANALYST APPLICATION

Personal Information

Full Name: _____ DOB: _____

Address: _____

Phone Number: (home) _____ (cell) _____

Email Address: _____ SSN: _____

Are you a US citizen? YES NO If no, are you authorized to work in the US? YES NO

NPI Number: _____ CAQH Number (if known): _____

Availability

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Are you a BACB-approved Supervisor? Yes No



Are you interested in providing BACB supervised experience hours? Yes No Not currently but in the near future

Education

Undergraduate:

School: _____

Major: _____ Year: _____

Graduate:

Degree: Graduated Enrolled

School: _____

Major: _____ Year: _____

Endorsements

BCBA BCaBA VA LBA MD LBA

Experience

Work Positions held in the field of behavior analysis:

Position: _____ Dates: _____ to _____

Duties Required of Position: _____

Position: _____ Dates: _____ to _____

Duties Required of Position: _____

Position: _____ Dates: _____ to _____

Duties Required of Position: _____



Authorization for Direct Deposit

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: *\$ _____ or entire paycheck: ___

*Balance of pay to:

_____ Manual (paper check)

_____ Account described below

*Note: Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____



HIPAA Confidentiality Agreement

Employees and partners of the practice will have access to confidential information, both written and oral, in the course of their employment and job responsibilities. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of the patient information. An unauthorized individual would be any person that is not currently an employee of the practice and/or any information. Any other disclosures may only occur at the direction may only occur at the direction of the Privacy Office or by patient authorization.

I have read and understand the practice's policies with regards to privacy and Security of personal health information. I agree to maintain confidentiality of all information obtained in the course of my employment including, but not limited to, financial, technical, or propriety information of the organization and personal and sensitive information regarding patients, employees, and vendors. I understand that inappropriate disclosure or release of patient information is grounds for termination.

Signed:

Date:

Print Name:



Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person
Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.