

# Public Comment

*Nevada Board of Applied Behavior Analysis • Veronica Smith, BCBA*

Good afternoon, Board members. My name is Veronica Smith. I'm a behavior analyst and the founder of an ABA clinic serving children with autism in Nevada, with about 40 staff across RBT and BCBA roles.

First: **I fully support the training standards the Board requires** under NAC 641D.090 — the BACB RBT training, the Standards for Supervision of BCaBAs, and the RBT Supervision and Supervisor Requirements. Our clinic follows them.

I'd like to give context on how screenshots are used at the provider level, because I've heard the term come up in a way I think deserves clarification. **I can only speak for our clinic, not for other providers.**

In our clinic, screenshots are a **step-tracker**. The purpose is to see where a candidate is in the Nevada ABA application process and what steps they have cleared — application submitted, fingerprints and criminal history complete, supervisor verification forwarded, state exam scheduled or passed.

To be transparent: **NV Board licensure or registration is a condition of employment with us**, because under NAC 641D it is required to practice applied behavior analysis in Nevada. If a candidate cannot clear the Board process, we cannot move forward with them in that role. That isn't an extra hurdle we have invented — it is the regulatory baseline the law sets. The screenshot itself isn't a compliance check on the candidate; it is how we see where they stand in that required process so we can support them through it.

I want to **strongly endorse the provider-education initiative Wendy raised**. And I was especially glad to hear the Board plans to **work with DPS to help inform providers**. That partnership will fill a real gap. Providers often can't get answers from the BACB on the state-side steps that sit outside of national certification, and right now we have nowhere clear to go. Having the Board and DPS speak with one voice on Nevada-specific pieces of the process would resolve a lot of the day-to-day uncertainty we navigate.

I also recognize that the Board **is not here to tell providers how to run their businesses**, and I respect that limit. The ask isn't for the Board to take on operational decisions for clinics — only to make the regulatory expectations under NAC 641D clear and consistent so providers can align with them.

I would welcome the chance to support that work — through a workgroup, contributing materials we already use, or piloting guidance with other Nevada providers. Thank you, Wendy, for raising this, and thank you to the Board for your time.