



COLLEGE
OF EDUCATION

RBT Advantage Discount*

(BCaBAs are also eligible)

Name: _____
(As it appears on your RBT/BCaBA credentials)

Address: _____
Street Address Apartment/Unit#

City State Zip Code

Email: _____

I hold the following active credential:

RBT _____ or BCaBA _____

BACB* Registration Number: _____

Certification date: _____
(Original Date)

Expiration date: _____

**This discount is for RBTs and BCaBAs who hold active credentials with the BACB.*

Please return this form to the College of Education Administrative Coordinator, Robin Grivetti, at RLGrivetti@marybaldwin.edu or to the fax number below.