



FINAL | FIELDWORK VERIFICATION FORM

INDIVIDUAL SUPERVISOR 2027 Fieldwork Requirements



Warning: Forms with missing information will be denied.

You may complete this form in [Adobe Acrobat Reader](#) on your desktop, **but not in a web browser**. This form contains drop-down menus that only work in Adobe Acrobat. Alternatively, if you prefer to print and manually fill out the form, please write your answers over the drop-down options. **If you attempt to complete this form in a web browser, the dates will not save correctly.**



Instructions: Please complete one form per supervisor. Complete this form in its entirety for consideration. Incomplete documents will not be accepted. Both parties must retain a copy of this form for at least 7 years. Do not submit this form to the BACB unless requested.

Trainee Name: _____

BACB ID #: _____ **Start Date:** _____ **End Date:** _____
(MM/YYYY) (MM/YYYY)

State Where Fieldwork Occurred: _____ **Country Where Fieldwork Occurred:** _____

Fieldwork Hours

Instructions: Use your Monthly Fieldwork Verification Forms to report the number of hours you completed under each fieldwork type listed below. Report actual hours completed (i.e., do not use the multiplier for concentrated supervised fieldwork).

	Supervised Fieldwork Hours	Concentrated Supervised Fieldwork Hours (without multiplier)
Independent Hours (<i>supervisor not present</i>)	_____ hh _____ mm	_____ hh _____ mm
Supervised Hours (<i>supervisor present</i>)	_____ hh _____ mm	_____ hh _____ mm
Total Fieldwork Hours	_____ hh _____ mm	_____ hh _____ mm
% of Hours Supervised	_____	_____

Supervisor and Trainee Attestation

Supervisor Name: _____ **Certification # or BACB ID #:** _____

By signing below, we hereby attest that:

- ▶ Information presented on this Final Fieldwork Verification Form and the corresponding Monthly Fieldwork Verification Forms is true and correct to the best of my knowledge.
- ▶ The trainee completed the fieldwork in compliance with all relevant fieldwork requirements, including adherence to the [BACB's ethics requirements](#).
- ▶ I am the supervisor designated in the signed supervision contract with this trainee and have been qualified to supervise for the entirety of the fieldwork indicated on this Final Fieldwork Verification form.

Supervisor Signature: _____ **Date:** _____
(MM/DD/YYYY)

This document must be signed in accordance with the [Acceptable Signatures Policy](#).
SUPERVISOR AND TRAINEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS.