



# FINAL

## Experience Verification Form: Individual Supervisor



**Instructions:** Please complete one form per supervisor, per experience type. Please be to sure to download and save this file as the first step. This form works best when filled using [Adobe Acrobat Reader](#).

<b>Trainee Name:</b> _____	<b>BACB Account ID:</b> _____	Start Date: _____	End Date: _____
Experience Type (Select One): <input type="checkbox"/> Supervised Independent Fieldwork <input type="checkbox"/> Practicum <input type="checkbox"/> Intensive Practicum			
State Where Experience Occurred: _____		Country Where Experience Occurred: _____	

### Experience Hours

A. Independent Hours (supervisor not present): \_\_\_\_\_

B. Supervised Hours (supervisor present): \_\_\_\_\_

<b>Total Experience Hours (add A &amp; B):</b> _____	<b>Percent of Hours Supervised (Supervised/Total):</b> _____
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This experience included prorated hours for partial months.

### Supervisor Information and Attestation

Supervisor Name: \_\_\_\_\_ BACB Account ID: \_\_\_\_\_

Supervisor Qualification Type (Select One):  BCBA/BCBA-D  Verified Experience Instructor  ABPP/ABA

Supervision Requirements Met?  Yes  No

By signing below, I hereby attest that:

- ▶ Information presented on this Final Experience Verification Form and the corresponding Monthly Experience Verification Forms is true and correct to the best of my knowledge.
- ▶ The trainee completed the experience under my supervision in compliance with all relevant [Experience Standards](#) including, but not limited to; the minimum number of contacts per month, required amounts of unrestricted activities, required observations each month with clients, and adherence to the [Professional and Ethical Compliance Code for Behavior Analysts](#).
- ▶ I am the supervisor designated in the signed supervision contract with this trainee.

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

*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.