



**FINAL**

# Experience Verification Form: Multiple Supervisors at One Organization



**Note:** This form contains dropdown menus. If you prefer to print and manually fill out the form, please write your answers over the dropdown menus.

**Instructions:** Please complete one form per organization, 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> _____	<b>Start Date:</b> _____	<b>End Date:</b> _____
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: _____	

## Supervisors at the Organization

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

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

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

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

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

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

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

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

## 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.

## Responsible Supervisor Information and Attestation

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

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 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](#).
- ▶ All supervisors, including the responsible supervisor, met BACB supervision requirements during these experience hours.
- ▶ I am the responsible 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.