



# MONTHLY

## 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](#).

Month/Year: \_\_\_\_\_

Trainee Name: \_\_\_\_\_ BACB Account ID: \_\_\_\_\_

Experience Type (Select One):  Supervised Independent Fieldwork  Practicum  Intensive Practicum

State Where Experience Occurred: \_\_\_\_\_ Country Where Experience Occurred: \_\_\_\_\_

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

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

### Experience Hours (this month only)

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

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

**Total Experience Hours** (add A & B): \_\_\_\_\_ **Percent of Hours Supervised** (Supervised/Total): \_\_\_\_\_

### Supervisor and Trainee Attestation

By signing below, we hereby attest that:

- ▶ The information contained on this form is true and correct to the best of our knowledge;
- ▶ The required number of supervisory contacts occurred during this month;
- ▶ Observation of the trainee with a client occurred during this supervisory period with a frequency appropriate for this experience type;
- ▶ The trainee was supervised for the required amount of time for this supervisory period;
- ▶ We have read and understand the most relevant version of the [Experience Standards](#);
- ▶ We are only including appropriate behavior-analytic activities in our totals listed above; and
- ▶ The experience hours obtained during this supervisory period are otherwise compliant with the [Experience Standards](#).

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

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

*This document must bear the signature (see the [Acceptable Signatures Policy](#)) of the supervisor and trainee and must be signed by the last day of the calendar month following the month of supervision.*

SUPERVISOR AND TRAINEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS.