



# Pre-Experience Checklist

Trainee Name: \_\_\_\_\_

Select the BACB credential you are pursuing:     BCBA         BCaBA

## Prerequisites:

The BACB strongly encourages you (the trainee) to complete this checklist and share it with the responsible supervisor at each experience setting. You are required to meet the BACB eligibility requirements in place at the time you submit a completed certification application (i.e., have met all eligibility requirements and paid the application fee). For example, if you apply in January 2022, your experience must meet the requirements in effect at that time even if the experience was obtained prior to January 2022.

- Create a [Gateway Account](#)
- Email Address used to Create Account: \_\_\_\_\_ BACB Account ID #: \_\_\_\_\_
- Read the [Experience Standards](#)
- Start [Qualifying Coursework](#) (you may begin accruing hours after attending the first class meeting)  
Coursework Start Date: \_\_\_\_\_
- Acquire an Appropriate Supervisor  
Supervisor Name: \_\_\_\_\_  
Supervisor Certification # or BACB Account ID #: \_\_\_\_\_
- Confirm Date Supervisor Completed 8-hr Training  
Date listed on Supervisor's Registry Record: \_\_\_\_\_
- Determine with your Supervisor the Method for Documenting Ongoing Supervision Requirements (see [Experience Standards](#))
- Complete a [Supervision Contract](#) with your Supervisor  
Date Supervision Contract Signed: \_\_\_\_\_

## Ongoing Responsibilities:

- ▶ **Contact Information.** Each trainee must have a [Gateway account](#) that is current with their personal contact information (legal name, email address, phone number, mailing address). If any of these items change, it is the responsibility of the trainee to ensure they update this information in the [Gateway account](#).
- ▶ **Requirement Changes.** Remain current on changes to credential requirements by reading the [BACB Newsletter](#) and reviewing the [Upcoming Changes page](#) of the BACB website.



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## Experience Planning:

**Please complete the following information to the best of your ability:**

- ▶ Start date of experience: \_\_\_\_\_
- ▶ Number of hours you plan to accrue each month: \_\_\_\_\_
  - Each month you must complete a minimum of 20 hours and no more than 130 hours.
- ▶ Expected completion date for experience: \_\_\_\_\_
  - In the table below, estimate the number of experience hours each month to determine how long it will take you to acquire the required hours.
  - Experience must be completed within a five-year period.
- ▶ Expected Date of Certification Application: \_\_\_\_\_
  - Review relevant [Experience Standards](#) that will be in effect on your application date.

	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Year 1												
Year 2												
Year 3												
Year 4												
Year 5												
<b>TOTAL HRS</b>												

*Note:* Fill in the first column with the month you plan to start your experience and enter subsequent months to the right.