



FINAL | FIELDWORK VERIFICATION FORM

MULTIPLE SUPERVISORS AT ONE ORGANIZATION 2022 Fieldwork Requirements



Note: Please download this form and complete it on your computer's desktop rather than in your web browser. This form works best when filled using [Adobe Acrobat Reader](#). This form contains dropdown menus. If you prefer to print and manually fill out the form, please write your answers over the dropdowns.

Instructions: Please complete one form per organization, per fieldwork type.

Trainee Name: _____

BACB ID #: _____ **Start Date:** _____ **End Date:** _____

Fieldwork Type (Select One): Supervised Fieldwork Concentrated Supervised Fieldwork

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

Supervisors at the Organization

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

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

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Certification # or BACB ID #: _____
Qualification: _____

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Certification # or BACB ID #: _____
Qualification: _____

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

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

Fieldwork Hours

- A. Independent Hours (*supervisor not present*): _____
- B. Supervised Hours (*supervisor present*): _____

Total Fieldwork Hours _____
(add A & B):

Percent of Hours Supervised _____
(supervised/total):

This fieldwork included prorated hours for partial months.

Responsible Supervisor and Trainee Attestation

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

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** ([BCBA/BCaBA](#)) 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 BACB's [ethics requirements](#).
- ▶ 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.

Supervisor 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.