



# MONTHLY | 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 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 Account ID:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

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

State Where Fieldwork Occurred: \_\_\_\_\_ Country Where Fieldwork Occurred: \_\_\_\_\_

Responsible Supervisor Name: \_\_\_\_\_

BACB Account ID#: \_\_\_\_\_ Qualification: \_\_\_\_\_

### Fieldwork Hours (this month only)

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

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

**Total Fieldwork Hours** \_\_\_\_\_  
(add A & B):

**Percent of Hours Supervised** \_\_\_\_\_  
(supervised/total):

### Responsible 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;
- ▶ All supervisors, including the responsible supervisor, met BACB supervision requirements during this month;
- ▶ 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 fieldwork type;
- ▶ The trainee was supervised for the required amount of time for this supervisory period;
- ▶ We have read and understand the most recent version of the **Fieldwork Requirements (BCBA/BCaBA)**
- ▶ We are only including appropriate behavior-analytic activities in our totals listed above; and
- ▶ The fieldwork hours obtained during this supervisory period are otherwise compliant with the **Fieldwork Requirements (BCBA/BCaBA)**

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

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

*This document must bear the signature (see the [Acceptable Signatures Policy](#)) of the responsible 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.