



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 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 #: _____ **Month/Year:** _____

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

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

Responsible Supervisor Name: _____

Certification # or BACB 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.