



FINAL | FIELDWORK VERIFICATION FORM

INDIVIDUAL SUPERVISOR 2022 Fieldwork Requirements



Warning: Forms with missing information will be denied.

You may complete this form in [Adobe Acrobat Reader](#) on your desktop, **but not in a web browser**. This form contains dropdown menus that only work in Adobe Acrobat. Alternatively, if you prefer to print and manually fill out the form, please write your answers over the dropdown options. **If you attempt to complete this form in a web browser, the dates will not save correctly.**



Instructions: Please complete one form per supervisor. Complete this form in its entirety for consideration. Incomplete documents will not be accepted.

Trainee Name: _____

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

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

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

Only complete the fieldwork type below for the fieldwork type selection you have made. For example, if you only completed Concentrated Supervised Fieldwork, leave the Supervised Fieldwork Hours section blank.

Supervised Fieldwork Hours	Concentrated Supervised Fieldwork Hours
A. Independent Hours (<i>supervisor not present</i>): _____	A. Independent Hours (<i>supervisor not present</i>): _____
B. Supervised Hours (<i>supervisor present</i>): _____	B. Supervised Hours (<i>supervisor present</i>): _____
Total Supervised Fieldwork Hours: _____ <small>(add A & B)</small>	Total Concentrated Supervised Fieldwork Hours: _____ <small>(add A & B)</small>
Percent of Hours Supervised: _____ <small>(supervised/total)</small>	Percent of Hours Supervised: _____ <small>(supervised/total)</small>
Total Months of Supervised Fieldwork Obtained: _____	Total Months of Concentrated Supervised Fieldwork Obtained: _____

This fieldwork included prorated hours for partial months.

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 under my supervision 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](#).
- ▶ I am the supervisor designated in the signed supervision contract with this trainee.
- ▶ I completed the 8-hour supervision training prior to the onset of fieldwork.

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.