



FINAL | FIELDWORK VERIFICATION FORM

MULTIPLE SUPERVISORS AT ONE ORGANIZATION 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 organization. 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:** _____

Supervisors Who Provided Supervision at the Organization

Supervisor Name: _____ **Supervisor Name:** _____

Certification # or BACB ID #: _____ **Certification # or BACB ID #:** _____

Qualification: _____ **Qualification:** _____

Supervisor Name: _____ **Supervisor Name:** _____

Certification # or BACB ID #: _____ **Certification # or BACB ID #:** _____

Qualification: _____ **Qualification:** _____

Supervisor Name: _____ **Supervisor Name:** _____

Certification # or BACB ID #: _____ **Certification # or BACB ID #:** _____

Qualification: _____ **Qualification:** _____

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

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

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.