



MONTHLY | 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, per fieldwork type. Complete this form in its entirety for consideration. Incomplete documents will not be accepted. The M-FVF must be signed by the last day of the calendar month following the month of supervision. Both parties must retain a copy of this form for at least 7 years. Do not submit this form to the BACB unless requested.

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 #: _____

Fieldwork Hours (this month only)

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

B. Supervised Hours (*supervisor present*): _____

This fieldwork included prorated hours for a partial month.

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 be signed in accordance with the [Acceptable Signatures Policy](#).