



MONTHLY | FIELDWORK VERIFICATION FORM

MULTIPLE SUPERVISORS AT ONE ORGANIZATION 2027 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 drop-down 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 drop-down 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 result in fieldwork hours from the month being lost. The Monthly Fieldwork Verification Form 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:** _____

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*): _____ hh _____ mm

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

These fieldwork hours include _____ hh _____ mm of observation

Total Fieldwork Hours _____ hh _____ mm
(add A & B):

Percentage of Hours Supervised _____
(supervised/total):

Responsible Supervisor and Trainee Attestation

By signing below, we hereby attest that:

- ▶ The information contained in this form is true and correct to the best of our knowledge.
- ▶ The trainee completed the fieldwork in compliance with all relevant fieldwork requirements, including adherence to the [BACB's ethics requirements](#).

Supervisor Signature: _____ **Date:** _____

Trainee Signature: _____ **Date:** _____

The Monthly Fieldwork Verification Form must be signed by the last day of the calendar month following the month of supervision.

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.