



# FINAL

## Experience Verification Form: Individual Supervisor



Instructions: Please complete one form per supervisor, per experience type.

**Trainee Name:** \_\_\_\_\_ **BACB Account ID:** \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Experience Type (Select One):  Supervised Independent Fieldwork  Practicum  Intensive Practicum

State Where Experience Occurred: \_\_\_\_\_ Country Where Experience Occurred: \_\_\_\_\_

### Experience Hours

A. Independent Hours (supervisor not present): \_\_\_\_\_

B. Supervised Hours (supervisor present): \_\_\_\_\_

**Total Experience Hours (add A & B):** \_\_\_\_\_

### Supervisor Information and Attestation

Supervisor Name: \_\_\_\_\_ BACB Account ID: \_\_\_\_\_

Supervisor Qualification Type (Select One):  BCBA/BCBA-D  Verified Experience Instructor  ABPP/ABA

Supervision Requirements Met?  Yes  No

By signing below, I hereby attest that:

- ▶ Information presented on this Final Experience Verification Form and the corresponding Monthly Experience Verification Forms is true and correct to the best of my knowledge.
- ▶ The trainee completed the experience under my supervision in compliance with all relevant [Experience Standards](#) 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 [Professional and Ethical Compliance Code for Behavior Analysts](#).
- ▶ I am the supervisor designated in the signed supervision contract with this trainee.

**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.