



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): _____ **Percent of Hours Supervised (Supervised/Total):** _____

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.