



FINAL

Fieldwork Verification Form: Individual Supervisor



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

Trainee Name: _____	BACB Account ID: _____	Start Date: _____	End Date: _____
Fieldwork Type (Select One): <input type="checkbox"/> Supervised Fieldwork <input type="checkbox"/> Concentrated Supervised Fieldwork			
State Where Fieldwork Occurred: _____		Country Where Fieldwork Occurred: _____	

Fieldwork Hours

A. Independent Hours (supervisor not present): _____

B. Supervised Hours (supervisor present): _____

Total Fieldwork 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 Instructor ABPP/ABA

Supervision Requirements Met? Yes No

By signing below, I 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 under my supervision in compliance with all relevant [Fieldwork Requirements](#) 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](#).
- ▶ 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.