



MONTHLY

Fieldwork Verification Form: Individual Supervisor



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

Month/Year: _____

Trainee Name: _____ BACB Account ID: _____

Fieldwork Type (Select One): Supervised Fieldwork Concentrated Supervised Fieldwork

State Where Fieldwork Occurred: _____ Country Where Fieldwork Occurred: _____

Supervisor Name: _____ BACB Account ID: _____

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

Fieldwork Hours (this month only)

A. Independent Hours (supervisor not present): _____

B. Supervised Hours (supervisor present): _____

Total Fieldwork Hours (add A & B): _____

Percent of Hours Supervised (Supervised/Total): _____

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;
- ▶ 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 relevant version of the [Fieldwork Requirements](#);
- ▶ 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](#).

Supervisor Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

This document must bear the signature (see the [Acceptable Signatures Policy](#)) of the supervisor and trainee and must be signed by the last day of the calendar month following the month of supervision.

SUPERVISOR AND TRAINEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS.