



MONTHLY

Experience Verification Form: Individual Supervisor



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

Month/Year: _____

Trainee Name: _____ BACB Account ID #: _____

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

Supervisor Name: _____ BACB Account ID #: _____

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

Experience Hours (*this month only*)

A. Independent Hours (supervisor not present): _____

B. Supervised Hours (supervisor present): _____

Total Experience Hours (add A & B): _____

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 experience 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 [Experience Standards](#);
- ▶ We are only including appropriate behavior-analytic activities in our totals listed above; and
- ▶ The experience hours obtained during this supervisory period are otherwise compliant with the [Experience Standards](#).

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.