



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): <input type="checkbox"/> Supervised Independent Fieldwork <input type="checkbox"/> Practicum <input type="checkbox"/> Intensive Practicum			

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.