



FINAL

Experience Verification Form: Multiple Supervisors at One Organization



Note: This form contains dropdown menus. If you prefer to print and manually fill out the form, please write your answers over the dropdown menus.

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

Trainee Name: _____ **BACB Account ID #:** _____
Experience Type: _____ Start date: _____ End date: _____

Supervisors at the Organization

Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____	Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____
Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____	Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____
Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____	Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____
Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____	Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____

Experience Hours

A. Independent Hours (supervisor not present): _____

B. Supervised Hours (supervisor present): _____

Total Experience Hours (add A & B): _____

Responsible Supervisor Information and Attestation

Responsible Supervisor Name: _____ BACB Account ID #: _____ Qualification: _____

Did the responsible supervisor also provide supervision? 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 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](#).
- ▶ All supervisors met BACB supervision requirements during these experience hours.
- ▶ I am the responsible 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.