



Applied Behavior Analysis

Technician (ABAT) Applicant

Fieldwork
Verification Form (Pre-Certification)

The ABAT applicant needs 15 hours of supervised fieldwork prior to registering for the exam. This includes 13.5 hours of practice and 1.5 hours of supervision to complete the 15 hours. A verified supervisor must complete this document after the completion of the required fieldwork hours. The completed form must be submitted with the supervisee's initial application. Both supervisee and supervisor are required to retain a copy of this document for seven years.

Supervisee Candidate Full Name: _____

• **Experience Hours Accrued (complete all three lines):**

1. Total direct hours accrued implementing ABA strategies: (excluding meetings with supervisor).	
2. Number of supervised hours accrued: (hours worked with supervisor present either live or remote discussing cases and going over the fieldwork assessment).	
3. Total hours accrued. Add 1 and 2.	

• **Total Fieldwork Time Period:**

Starting date (MM/DD/YYYY) ____ / ____ / ____ - Ending date (MM/DD/YYYY) ____ / ____ / ____

The Below Section must be completed by the approved certified or licensed supervisor:

• **Supervisor Verification Section: Initial below to acknowledge the following statements:**

_____ I attest the above information is factual and true to the best of my knowledge.

_____ I attest the hours and dates of this document meet the QABA standards.

_____ I attest all activities and observations conducted during this supervision align with the QABA fieldwork standards and were behavior analytic in nature.

_____ I attest the learner data was kept confidential during the duration of the fieldwork.

_____ I attest that during the time of supervision I maintained an active certification and/or license from an accredited certifying entity; furthermore, I have held this certification or licensure for a time period greater than 12 months.

_____ I attest the supervisee successfully completed the ABAT Fieldwork Assessment

Full Name of Mid-Level Supervisor e.g., QASP-S/BCaBA/LABA, if applicable:

Supervisor's Signature: _____

Date: _____

Supervisor's Credential and/or License Information: _____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____

Supervisor's Email _____ and Phone number _____

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/LBA (REQUIRED):

Supervisor's Signature: _____ Date: _____

Supervisor's Credential and/or License Information: _____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration

Date: _____

Supervisor's Email _____ and Phone number _____