

ABAT

The Applied Behavior Analysis Technician (ABAT) requires 5% ongoing supervision once certified to maintain certification. Every month, ABATs must receive 5% supervision of all behavior analytical services provided. Supervision may be completed remotely, using software that meets privacy requirements such as HIPAA-compliant video conferencing program. One of the contacts must be in-person or live via video conferencing for a minimum of 1 (one) hour. 50% of supervision hours may occur in a group setting. Group participant totals for each setting are at the discretion of the supervisor.

This form is to be maintained by the supervisor and supervisee for a minimum of 7 years. This document can be requested during a certification audit by QABA at any point in time for up to 7 years from the initial date of certification. If requested, this document with original signatures and date must be presented within the QABA guidelines and requirements. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures.

Month/Year:	Supervisee:	Supervisor:

Date	Number of Supervised Direct Hours	One on One Supervised Hours Y/N	Group Supervised Hours Y/N	Observation of supervisee Y/N	ABAT Competencies/ Research Y/N

L	<u> </u>	II.		
Full Name of Mid-Level Supervisor of	e.g., QASP-S/BCaBA/L	ABA, if applica	ble:	
Supervisors Signature:		7 11		
Date:				
Supervisor's Credential and/or License	Information:			
Certifying Board or Licensure State/Bo	oard:			
Certification/Licensure Number:				
Certification/Licensure Expiration Date	e:			
Supervisor's Email a	and Phone number		_	
Full Name of Master's Level Certifie	ed Supervisor, e.g., QBA	A/BCBA/LBA (<mark>]</mark>	REQUIRED): _	
Supervisor's Signature:	Da	ate:		
Supervisor's Credential and/or License	Information:			
Certifying Board or Licensure State/Bo	oard:			
Certification/Licensure Number:				
Certification/Licensure Expiration				
Date:				
Supervisor's Emaila	and Phone number			

Total on this page