



Pre QBA Certification Verification Form

This form is to be completed by the supervisee and supervisor and to upload during application process. This document is to be maintained by the supervisor and supervisee for a minimum of 7 years. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures. Please summarize the information from the Pre-QBA Certification Monthly Supervision Log

Supervisee:	
Supervisor:	
Supervision Period Start Date:	
Supervision Period End Date:	
1. Total Independent Hours of Direct work. Supervisor not present. Up to 40 % of independent hours	
2. Total Independent Hours. Conducting Indirect ABA activities. Supervisor not present. Up to 60 % of independent hours	
3. Total One on One Supervised Hours:	
4. Total Group Supervised Hours:	
5. Total Independent Hours (1+2):	
6. Total Supervised Hours (3+4):	

Please include all activities which were covered during this supervision period stated above: (check all that apply)

- ☐ Direct work with learner
- ☐ Specific learner(s) discussed
- ☐ QASP-S Competencies
- ☐ Observation of supervisee
- ☐ Supervisory discussion
- ☐ ABA research

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

Supervision Verification Section: Please write you initials to acknowledge the following statements:

- By completing this section, the supervisor attests that the above information is factual and true to the best of your knowledge. _____**(Initial)**
- As the supervisor, I attest that the hours and dates of these documents meet the QABA standards. _____**(Initial)**
- As the supervisor, I attest that all activities and observations conducted during this supervision align with the QABA fieldwork standards and were behavior analytic in nature. ____**(Initial)**
- As the supervisor, I attest that during the time of supervision learners' information was kept confidential____**(Initial)**
- As the supervisor, I attest that during the time of supervision I maintained an active certification and/or license from an accredited board; furthermore, I have held this certification or licensure for a time period greater than 12 months. _____**(Initial)**

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/BCBA-D/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 _____