



ABAT Fieldwork Supervision Documentation Final Verification Form

*All content in this document must be clear and legible
This document must be completed individually by each verified supervisor at the completion or conclusion of a supervision contract agreement. This document must be submitted with the supervisee's initial application and maintained for 7 years by the supervisee and the supervisor.*

Supervisee Candidate Full Name: _____

Experience Hours Accrued (complete all three lines):

A) Total hours accrued directly implementing ABA strategies (excludes meetings with supervisor) _____

B) Total hours accrued conducting indirect ABA activities (excludes meetings with supervisor):

C) Number of supervision hours accrued: _____

D) Total experience hours accrued (add lines A- C): _____

Total Experience Time Period:

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

Supervisor's Name: _____

Phone Number: (____) _____ **City:** _____ **State/Country:** _____



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

Supervisor Verification Section

- *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 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 Supervisor: _____

Supervisors Signature: _____ **Date:** _____

(The supervisor’s signature must be a wet signature or electronic signature with a date and time stamp)

Supervisor’s Credential and/or License Information:

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____