



## QASP-S 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:** \_\_\_\_\_