



# MONTHLY | FIELDWORK VERIFICATION FORM

## MULTIPLE SUPERVISORS AT ONE ORGANIZATION 2022 Fieldwork Requirements



**Instructions:** Please complete one form per organization, per fieldwork type.

Complete this form in its entirety for consideration. Incomplete documents will not be accepted. The M-FVF must be signed by the last day of the calendar month following the month of supervision. Both parties must retain a copy of this form for at least 7 years. Do not submit this form to the BACB unless requested.

**Trainee Name:** \_\_\_\_\_

**BACB ID #:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

Fieldwork Type (Select One):  Supervised Fieldwork  Concentrated Supervised Fieldwork

State Where Fieldwork Occurred: \_\_\_\_\_ Country Where Fieldwork Occurred: \_\_\_\_\_

Responsible Supervisor Name: \_\_\_\_\_

Certification # or BACB ID #: \_\_\_\_\_

### Fieldwork Hours (this month only)

A. Independent Hours (*supervisor not present*): \_\_\_\_\_

B. Supervised Hours (*supervisor present*): \_\_\_\_\_

This fieldwork included prorated hours for a partial month.

**Total Fieldwork Hours** \_\_\_\_\_  
(add A & B): \_\_\_\_\_

**Percent of Hours Supervised** \_\_\_\_\_  
(supervised/total): \_\_\_\_\_

### Responsible Supervisor and Trainee Attestation

By signing below, we hereby attest that:

- The information contained on this form is true and correct to the best of our knowledge;
- All supervisors, including the responsible supervisor, met BACB supervision requirements during this month;
- The required number of supervisory contacts occurred during this month;
- Observation of the trainee with a client occurred during this supervisory period with a frequency appropriate for this fieldwork type;
- The trainee was supervised for the required amount of time for this supervisory period;
- We have read and understand the most recent version of the **Fieldwork Requirements** ([BCBA/BCaBA](#))
- We are only including appropriate behavior-analytic activities in our totals listed above; and
- The fieldwork hours obtained during this supervisory period are otherwise compliant with the **Fieldwork Requirements** ([BCBA/BCaBA](#))

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This document must be signed in accordance with the [Acceptable Signatures Policy](#).