



# MONTHLY

## Experience Verification Form: Individual Supervisor



Instructions: Please complete one form per supervisor, per experience type.

Month/Year: 10/2019

Trainee Name: Zhen Lin BACB Account ID: 417722

Experience Type (Select One): ☒ Supervised Independent Fieldwork ☐ Practicum ☐ Intensive Practicum

State Where Experience Occurred: California Country Where Experience Occurred: United States

Supervisor Name: Erica Baron BACB Account ID: 231335

Supervisor Qualification Type (Select One): ☒ BCBA/BCBA-D ☐ Verified Experience Instructor ☐ ABPP/ABA

### Experience Hours (this month only)

A. Independent Hours (supervisor not present): 26.37

B. Supervised Hours (supervisor present): 4.50

Total Experience Hours (add A & B): 30.87

Percent of Hours Supervised (Supervised/Total): 14.6%

### 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;
- ▶ 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 experience type;
- ▶ The trainee was supervised for the required amount of time for this supervisory period;
- ▶ We have read and understand the most relevant version of the [Experience Standards](#);
- ▶ We are only including appropriate behavior-analytic activities in our totals listed above; and
- ▶ The experience hours obtained during this supervisory period are otherwise compliant with the [Experience Standards](#).

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

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

*This document must bear the signature (see the [Acceptable Signatures Policy](#)) of the supervisor and trainee and must be signed by the last day of the calendar month following the month of supervision.*

SUPERVISOR AND TRAINEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS.