



MONTHLY | FIELDWORK VERIFICATION FORM

INDIVIDUAL SUPERVISOR 2022 Fieldwork Requirements



Warning: Forms with missing information will be denied.

You may complete this form in *Adobe Acrobat Reader* on your desktop, **but not in a web browser**. This form contains dropdown menus that only work in *Adobe Acrobat*. Alternatively, if you prefer to print and manually fill out the form, please write your answers over the dropdown options. **If you attempt to complete this form in a web browser, the dates will not save correctly.**



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

Trainee Name: Clinton Williams

BACB ID #: 84332 ? **Month/Year:** 6/2023

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

State Where Fieldwork Occurred: Nevada **Country Where Fieldwork Occurred:** USA

Supervisor Name: Becky Staudacher

Certification # or BACB ID #: 1-19-405454

Qualification: BCBA/BCBA-D

Fieldwork Hours (this month only)

A. Independent Hours (*supervisor not present*): 22 ?
B. Supervised Hours (*supervisor present*): 2 ?

Total Fieldwork Hours 24.00
(add A & B):

Percent of Hours Supervised 8.33%
(supervised/total):

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 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: Becky J. Staudacher MS, BCBA, USA **Date:** 7/1/2023

Trainee Signature: [Signature] **Date:** 6/30/23

This document must bear the signature (see the Acceptable Signatures Policy) of the responsible 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



MONTHLY | FIELDWORK VERIFICATION FORM

INDIVIDUAL SUPERVISOR 2022 Fieldwork Requirements



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

Trainee Name: Clinton Williams

BACB ID #: 84332 ? **Month/Year:** 7/2023

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

State Where Fieldwork Occurred: Nevada **Country Where Fieldwork Occurred:** USA

Supervisor Name: Becky Staudacher

Certification # or BACB ID #: 1-19-405454

Qualification: BCBA/BCBA-D



Fieldwork Hours (this month only)

A. Independent Hours (*supervisor not present*): 73 ?

B. Supervised Hours (*supervisor present*): 4 ?

Total Fieldwork Hours 77.00

(add A & B):

Percent of Hours Supervised 5.19%

(supervised/total):

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 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: Becky Staudacher, MSBBA, LBA **Date:** 8/1/2023

Trainee Signature: [Signature] **Date:** 7/31/23

This document must bear the signature (see the Acceptable Signatures Policy) of the responsible 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.



MONTHLY Experience Verification Form: Individual Supervisor



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

Month/Year: 08/2023

Trainee Name: Clinton L. Williams

BACB Account ID: BACB843332

Experience Type (Select One): Supervised Independent Fieldwork

Practicum Intensive Practicum

State Where Experience Occurred: Nevada

Country Where Experience Occurred: U.S.A.

Supervisor Name: Becky Staudacher

BACB Account ID: 119-40454

Supervisor Qualification Type (Select One): BCBA/BCBA-D

Verified Experience Instructor

ABPP/ABA

Experience Hours (this month only)

A. Independent Hours (supervisor not present): 123.50

B. Supervised Hours (supervisor present): 6.50

Total Experience Hours (add A & B): 130.00

Percent of Hours Supervised (Supervised/Total): 5.00%

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: Becky Staudacher

MS, BCBA, LBA

Date: 9/11/2023

Trainee Signature: _____

[Signature]

Date: 08/31/2023

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.

Insert text here



MONTHLY Experience Verification Form: Individual Supervisor



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

Month/Year: 09/2023

Trainee Name: Clinton L. Williams

BACB Account ID: BACB843332

Experience Type (Select One): Supervised Independent Fieldwork

Practicum Intensive Practicum

State Where Experience Occurred: Nevada

Country Where Experience Occurred: U.S.A.

Supervisor Name: Becky Staudacher

BACB Account ID: 1-19-40454

Supervisor Qualification Type (Select One): BCBA/BCBA-D

Verified Experience Instructor

ABPP/ABA

Experience Hours (this month only)

A. Independent Hours (supervisor not present): 123.50

B. Supervised Hours (supervisor present): 6.50

Total Experience Hours (add A & B): 130.00

Percent of Hours Supervised (Supervised/Total): 5.00%

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: Becky J Staudacher

MS, BCBA, LBA

Date: 10/1/2023

Trainee Signature: _____

Date: 09/30/2023

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.

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MONTHLY Experience Verification Form: Individual Supervisor



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

Month/Year: 03/2024

Trainee Name: Clinton L. Williams

BACB Account ID: BACB843332

Experience Type (Select One): Supervised Independent Fieldwork

Practicum Intensive Practicum

State Where Experience Occurred: Nevada

Country Where Experience Occurred: U.S.A.

Supervisor Name: Becky Staudacher

BACB Account ID: 1-19-40454

Supervisor Qualification Type (Select One): BCBA/BCBA-D

Verified Experience Instructor ABPP/ABA

Experience Hours (this month only)

A. Independent Hours (supervisor not present): 123.50

B. Supervised Hours (supervisor present): 6.50

Total Experience Hours (add A & B): 130.00

Percent of Hours Supervised (Supervised/Total): 5.00%

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: _____

Becky Staudacher, MS, BCBA, LBA

Date: 4/13/2024

Trainee Signature: _____

Date: 04/13/2024

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.

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