



VERIFICATION OF SUPERVISED EXPERIENCE

A separate form must be completed by each supervisor who is verifying your behaviour analytic work experience

Supervisee Full Name

E-Mail

Organisation Where Services were provided

Organisation Address

Membership Type

Certified Behaviour Analyst

Certified Behaviour Analyst - Undergraduate

Supervisor Full Name

E-Mail

Professional Address

Supervisor Qualifications

Supervised Experience Hours

Supervision Period: Start
DD-MM-YY

End
DD-MM-YY

Total number of supervision hours

Total number of hours of verified experience
(including supervision received)

Supervisor Declarations

1. I verify that the Supervisee and I complied with all the conditions and acknowledgments set forth in the ABA Australia Supervision Standards. Yes No
2. I verify that the statements in this Verification of Supervised Experience are true and correct to the best of my knowledge, information and belief. Yes No

Signature of Supervisor

Date

DD-MM-YY