



# Alabama Behavior Analyst Licensing Board Proof of Supervision

v. March 9, 2021

## Instructions:

- A separate form must be completed for each behavior analyst supervising you.
- The assistant behavior analyst AND the supervisor must both sign and date the form.
  - If the supervisor is not yet licensed in AL, leave the supervisor's "AL License #" blank, and the supervisee's application will be processed as soon as the supervisor is licensed.
  - If you are a graduate student/post-doc being supervised by an instructor in an approved ABAI Verified Course Sequence, the supervisor does not need to be licensed; enter the ABAI VCS number only.
- Email the completed form(s) to [balicense.dmh@mh.alabama.gov](mailto:balicense.dmh@mh.alabama.gov) or mail to:  
AL Behavior Analyst Licensing Board c/o DMH, 100 N. Union St. Suite 536, Montgomery, AL 36130

## SECTION I – Supervisee Info – To be completed by the Assistant Behavior Analyst

Supervisee Name (First, Middle, Last)

BACB Certificant Number

Address (Street, City, State, Zip)

Phone Number

Email Address

## SECTION II – Supervisor Info – To be completed by the Supervising Licensed Behavior Analyst

Supervisor Name (First, Middle, Last)

AL License # or ABAI VCS #

Address (Street, City, State, Zip)

Phone Number

Email Address

Date supervision began or will begin: \_\_\_\_\_

Number of Licensed or Board Certified Assistant Behavior Analysts you supervise including this applicant: \_\_\_\_\_

Number of exempt individuals (e.g., those pursuing experience consistent with BACB requirements) you supervise: \_\_\_\_\_

## SECTION III – Signatures

I hereby affirm that the foregoing information that has been supplied is true and accurate to the best of my knowledge, information, and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Alabama Behavior Analyst Advisory Board.

Supervisee's Signature

Date

I understand that I have the overall responsibility for providing supervision for the assistant behavior analyst in a manner consistent with the Behavior Analyst Certification Board's current requirements to protect the health and welfare of the patient/client receiving treatment from the assistant behavior analyst. I hereby affirm that the foregoing information that has been supplied is true and accurate to the best of my knowledge, information, and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Alabama Behavior Analyst Advisory Board.

Supervisor's Signature

Date