Alabama Behavior Analyst Licensing Board
Proof of Supervision

Instructions:

- A separate form must be completed for each licensed 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, submit this form with only the supervisor's "Alabama License Number" left blank, and the supervisee's application will be processed as soon as the supervisor is licensed.
- Mail the completed form(s) in your application packet to:
  AL Behavior Analyst Licensing Board, P.O. Box 168, Mathews, AL 36052

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) _____ Alabama License Number _____

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 _____