



Alabama Behavior Analyst Licensing Board Proof of Supervision

v. February 11, 2020

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.
- Mail the completed form(s) in your application packet to:
AL Behavior Analyst Licensing Board, P.O. Box 519, Jacksonville, AL 36265

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