



# MONTHLY | FIELDWORK VERIFICATION FORM

## INDIVIDUAL SUPERVISOR 2027 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. Complete this form in its entirety for consideration. Incomplete documents will result in fieldwork hours from the month being lost. The Monthly Final Verification Form must be signed by the last day of the calendar month following the month of supervision. Both parties must retain a copy of this form for at least 7 years. Do not submit this form to the BACB unless requested.

**Trainee Name:** \_\_\_\_\_

**BACB ID #:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

**State Where Fieldwork Occurred:** \_\_\_\_\_ **Country Where Fieldwork Occurred:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Certification # or BACB ID #:** \_\_\_\_\_

### Fieldwork Hours (this month only)

A. Independent Hours (*supervisor not present*): \_\_\_\_ hh \_\_\_\_ mm

B. Supervised Hours (*supervisor present*): \_\_\_\_ hh \_\_\_\_ mm

These fieldwork hours include \_\_\_\_ hh \_\_\_\_ mm of observation

**Total Fieldwork Hours** \_\_\_\_ hh \_\_\_\_ mm  
(add A & B):

**Percentage of Hours Supervised** \_\_\_\_\_  
(supervised/total):

### Supervisor and Trainee Attestation

By signing below, we hereby attest that:

- ▶ The information contained in this form is true and correct to the best of our knowledge.
- ▶ The trainee completed the fieldwork in compliance with all relevant fieldwork requirements, including adherence to the [BACB's ethics requirements](#).

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Monthly Final Verification Form must be signed by the last day of the calendar month following the month of supervision.

This document must be signed in accordance with the [Acceptable Signatures Policy](#).

SUPERVISOR AND TRAINEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS.