



1351 Collyer St. Longmont, CO 80501
303-834-9338

Name of Supervisee _____

Address of Supervisee _____

Name of Company of Employment _____

Address of Company of Employment _____

Position of Supervisee _____

Dates of Employment _____

Hours per Week of Employment _____

Name and Position of Employment Supervisor _____

Phone Number of Employment Supervisor _____

I verify that _____ is performing work duties that are based on the principles of applied behavior analysis. I understand that he/she will be meeting weekly with a BCBA to gain fieldwork practicum hours that will count towards the requirements of the BACB in order to pursue the BCBA certification.

(employment supervisor signature) (date)

(supervisee signature) (date)

(BCBA fieldwork supervisor signature) (date)