

# Multiple Supervisors at One Organization

## INSTRUCTIONS

1. Please complete the attached form for each organization at which you had multiple supervisors (one form per organization). At the top, fill in your name, the name of the organization, the state (2-letter standard abbreviation) where behavior analytic services were provided by the supervisee, and the start & end dates of the entire supervised experience.
2. For each supervisor, on the same row, provide the start and end dates for which the supervisor was responsible for your hours at this organization. If the supervisor was responsible for additional but separate time periods during the same experience, please list each period of supervision for that supervisor separately and chronologically (see the example below).
3. Arizona requires that a supervisor must pass the BACB's 8-hour supervision training before acting as a supervisor.
  - a. Please verify the date your supervisor completed this training from the BACB's certificant registry at bacb.com. Use the search to find a supervisor's individual information, then click on their name in the summary to cause their certification status to open. List the date the supervisor completed the training in the appropriate field on this form.
  - b. Include a printout (or PDF) with this form of each supervisor's certification status from the BACB certificant registry. To make a PDF of the certification status page, while an individual supervisor's certification status page is open, hold down the Ctrl key and press the letter P. In the printer pop-up, select printer as "print to PDF" or its equivalent on your computer and save.
4. If the state where supervision takes place offers licensure, Arizona requires that a supervisor must be licensed in that state for the duration of the supervised experience. Please note, supervision takes place where the behavior analytic services are being provided by the supervisee, regardless of where the supervisor is located.
  - a. Please verify each supervisor's initial license date using the state board's online license look up (the state where supervision took place).
  - b. Include with this form a printout (or PDF) of the license look-up for each supervisor.
  - c. To see an up to date list of the states that currently offer licensure for Behavior Analysts, go to the BACB's website and review the page, "U.S. Licensure of Behavior Analysts". If the state where your supervised experience took place is not listed, please answer by typing the 2-letter abbreviation of the state.

**EXAMPLE:** Dr. Jane Jones supervised Justin Example for 2 different time periods at Hypothetical ABA Services, Inc., with 2 months in between under a different supervisor, Mr. John Smith. Below is an example of how to complete the matrix for this hypothetical experience.

<b>Applicant Name:</b>	Justin Example				
<b>Organization Name:</b>	Hypothetical ABA Services Inc.			<b>State:</b>	AZ
<b>Start Date:</b>	01/01/2019	<b>End Date:</b>	12/31/2019		
<b>Supervisor Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Total Hours</b>	<b>BACB Supervision Training Date</b>	<b>Initial License Date</b>
Dr. Jane Jones	01/01/2019	04/30/2019	520	03/30/2015	05/06/2015
John Smith	05/01/2019	06/01/2019	130	12/30/2017	01/15/2018
Dr. Jane Jones	06/02/2019	12/30/2019	910	03/30/2015	05/06/2015

If a supervisor was not licensed in the state where supervision took place and/or did not complete the BACB's 8-hour supervision training prior to the start of your supervised experience at this organization, additional documentation may be required. Your application cannot be considered administratively complete unless this form is completed and the documentation described above has been received for each organization with multiple supervisors.

# Multiple Supervisors at One Organization Form

All Dates: MM/DD/YYYY

<b>Applicant Name:</b>					
<b>Organization Name:</b>				<b>State:</b>	
<b>Start Date:</b>			<b>End Date:</b>		
<b>Supervisor First and Last Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Total Hours</b>	<b>Date BACB supervision training completed</b>	<b>Date Initial State License Issued</b>
<b>Footnotes/Misc. In the field below, provide additional information or explanation, if needed:</b>					

For organizations with multiple supervisors only: Please complete one form per organization.

You may copy this page as needed.