



State of Arizona Board of Psychologist Examiners

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SUPERVISED WORK EXPERIENCE OR INDEPENDENT FIELDWORK VERIFICATION (MINIMUM 1,500 HOURS)

APPLICANT: If using this form instead of your BACB Experience Verification Form(s) to verify your supervised hours, please complete the top portion of this form and submit to your supervisor(s). Your supervisors will complete Sections A & B and must send the form directly to the Board's office, preferably by email. **DO NOT include verifications in your application packet.** This is a primary source verification and must be received directly from the supervisor in order to be valid.

Dear _____:
(Name of Supervisor)

Date: _____

I am applying for licensure as a Behavior Analyst in Arizona. My application shows that I participated in supervised work experience or independent fieldwork in the practice of applied behavior analysis with you or your organization from

_____/_____/_____ to ____/____/_____ (MM/DD/YYYY), A.R.S. § 32-2091.03 & A.A.C. R4-26-403(C)(2)

require that evidence of at least 1,500 hours of supervised work experience or independent fieldwork be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and email or mail this and any other requested information directly to the Board at the above address. If faxing, please use a coversheet with your site's logo or letterhead for the Board's tracking requirements. Thank you for your assistance.

Applicant Signature: _____ Printed Name: _____

SECTION A. (The information below must be completed by the supervisor, a behavior analyst certified by a national behavior analyst certification board, or certified behavior analyst knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**)

I attest that _____ participated in supervised work experience or independent
(name of applicant)

fieldwork in the practice of applied behavior analysis from _____ to _____ (MM/DD/YYYY),

at (Site Name): _____

located at: (Site Address, City & State): _____
(location, including state in which supervision occurred)

1. Total hours of experience: _____

**IF ANSWERING "NO" TO ANY OF THE FOLLOWING QUESTIONS,
PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER**

2.	Did this applicant successfully perform the supervised work experience or independent fieldwork at a satisfactory level of performance?	Yes	No
3.	Did work experience or fieldwork include the following:		
	a. Conducting behavior assessments related to behavioral interventions?	Yes	No
	b. Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs?	Yes	No
	c. Overseeing the implementation of behavior-analytic programs by others?	Yes	No

	d.	Training, designing analytic behavioral systems, and managing performance?	Yes	No
	e.	Other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program?	Yes	No
4.		For supervised work experience, did the supervisor observe the applicant engaging in behavior analytic activities in the natural environment at least once every two weeks?	Yes	No
5.		Were no more than half of the supervised hours in each supervisory period conducted in small groups of 10 or fewer participants?	Yes	No
6.		Did the remainder of the total supervision hours in each supervisory period consist of direct one-to-one contact?	Yes	No
7.		During the entire course of supervision, was the trainee supervised at a frequency that meets the standards of the BACB?	Yes	No
8.		During the entire period of supervision, was the supervisor a BCBA® certified behavior analyst?	Yes	No
9.		During the entire period of supervision, was the supervisor licensed in the same state in which supervision took place? (Please note, if the state/jurisdiction in which supervision took place offers licensure, the supervisor must be licensed by that jurisdiction, or the Board cannot accept the trainee's hours of supervised experience for the purpose of licensure. If a state does not offer licensure for behavior analysts, the supervisor must be BCBA certified (R4-26-404.2(C)).	Yes	No
10.		Name of State in which supervision took place: _____		
11.		Was the supervisor conducting the supervised work experience a relative, subordinate, or employee of the applicant?	Yes	No

SECTION B.

I hereby certify that the information provided here is true and complete to the best of my knowledge.

Signature

Address

Printed Name

Title

State Licensed/Certified

(_____) _____ - _____
Telephone

License/Certification Number

Email Address (for follow up if needed)