***COMPLETION OF THIS PAGE BY THE SUPERVISOR IS REQUIRED FOR EACH INDIVIDUAL WHO WILL BE SUPERVISING PRACTICUM STUDENTS – MAKE A COPY OF THIS PAGE FOR EACH SUPERVISOR.***

**BEHAVIOR ANALYST CERTIFICATION BOARD® PRACTICUM APPROVAL SUPERVISOR INFORMATION FORM – ATTACH CV FOR EACH SUPERVISOR**

**Printed name of individual who will be supervising students in the practicum and his or her degree (i.e. Gerald L. Shook, Ph.D.):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⬜ The supervisor is a Board Certified Behavior Analyst in good standing who has met the BACB’s training requirements to provide supervision.**

**⬜ The supervisor is a faculty member who has been approved by the BACB as an instructor in the university’s approved course sequence.**

Have you read, are you in compliance with, and do you agree to continued compliance with all Behavior Analyst Certification Board (“BACB”) rules and regulations, as may be revised, including but not limited to, the BACB Guidelines for Responsible Conduct for Behavior Analysts, educational and experiential requirements, application standards, application FAQs, disciplinary and appeal standards, renewal, recertification, reentry rules, fees and application requirements?

**YES \_\_\_\_\_\_ NO \_\_\_\_\_\_ Applications with “NO” responses will not be approved.**

I have read and understand the BACB standards regarding practicum experience. I agree to conduct practicum supervision in accordance with these standards, as may be revised from time to time.

**YES \_\_\_\_\_\_ NO \_\_\_\_\_\_ Applications with “NO” responses will not be approved.**

***Supervisor: By signing below, you attest that all of the information contained on this page is true and correct to the best of your knowledge:***

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_