



LOUISIANA BEHAVIOR ANALYST BOARD
4334 South Sherwood Forest Blvd., Suite C-150
Baton Rouge, Louisiana 70816

PROOF OF SUPERVISION

INSTRUCTIONS		USE BLACK INK	
<ul style="list-style-type: none"> This form must be typed or neatly printed Provide complete information. Incomplete information will delay the application process. This form is to be completed by a Licensed Behavior Analyst. Requires the date and signature of both supervisor and supervisee. NOTE: A completed Proof of Supervision form must be completed for each line therapist and State Certified Assistant Behavior Analyst you are supervising. 		Return to: Louisiana Behavior Analyst Board 8706 Jefferson Highway, Suite B Baton Rouge, LA 70809	
SECTION 1-SUPERVISEE DATA			
NAME (FIRST, MIDDLE, MAIDEN, LAST)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP)			
TELEPHONE NUMBER		CHECK ONE: <input type="checkbox"/> REGISTERED LINE TECHNICIAN <input type="checkbox"/> STATE CERTIFIED ASSISTANT BEHAVIOR ANALYST	
SECTION II-SUPERVISOR DATA-TO BE COMPLETED BY SUPERVISOR			
NAME (FIRST, MIDDLE, MAIDEN, LAST)		TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP)		LICENSE NUMBER	
NUMBER OF LINE THERAPISTS YOU SUPERVISE INCLUDING THIS APPLICANT		NUMBER OF STATE CERTIFIED ASSISTANT BEHAVIOR ANALYSTS YOU SUPERVISE INCLUDING THIS APPLICANT	
NUMBER OF CLIENTS			
SECTION III-PROFESSIONAL SETTING-TO BE COMPLETED BY SUPERVISOR			
DATE SUPERVISION BEGAN OR WILL BEGIN			
I understand that I have the overall responsibility for providing the necessary supervision to protect the health and welfare of the patient/client receiving treatment from a line therapist.			
SIGNATURE			
SECTION IV-SIGNATURES			
I hereby affirm that the forgoing information, which has been supplied is true and accurate to the best of my knowledge, information and belief. I affirm that if the supervision agreement is changed in any way, I will immediately notify the Louisiana Behavior Analyst Board.			
SUPERVISOR SIGNATURE			
I hereby affirm that the foregoing information, which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Louisiana Behavior Analyst Board.			
SUPERVISEE SIGNATURE			