



**Louisiana Behavior Analyst Board
8706 Jefferson Highway, Suite B
Baton Rouge, Louisiana 70809**

PROOF OF SUPERVISION

INSTRUCTIONS		USE BLACK OR BLUE 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 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	<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	NUMBER OF EXEMPT STUDENTS YOU SUPERVISE:	
SECTION III-PROFESSIONAL SETTING-TO BE COMPLETED BY SUPERVISOR		
<p>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 State Certified Assistant Behavior Analyst.</p> <p>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.</p>		
SUPERVISOR (LBA) ORIGINAL SIGNATURE:		
SECTION IV-SIGNATURES		
<p>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.</p>		
SUPERVISEE (SCABA) ORIGINAL SIGNATURE:		