



# Licensed Assistant Behavior Analyst Supervisor Qualification Form

PLEASE PRINT LEGIBLY IN INK OR USE FILLABLE FORM

1.00 SUPERVISOR PERSONAL DATA		1.01 DATE	1.02 NAME OF ASSISTANT BEHAVIOR ANALYST	
1.03 LAST NAME, FIRST NAME, MIDDLE INITIAL		1.04 IDENTIFIED GENDER	1.05 SOCIAL SECURITY #	
1.06 HOME ADDRESS STREET	1.07 CITY	1.08 STATE	1.09 ZIP	1.10 PHONE
1.11 BUSINESS ADDRESS STREET	1.12 CITY	1.13 STATE	1.14 ZIP	1.15 PHONE
2.00 LICENSE INFORMATION				
2.01 NEVADA LICENSE #	2.02 DATE LICENSE GRANTED	2.03 BCAB CERTIFICATION #		2.04 DATE CERTIFIED
3.00 DESCRIPTION OF QUALIFYING SUPERVISION TRAINING OR EXPERIENCE (see <a href="#">NAC 641.1563</a> )				

I affirm, under penalty of perjury, that all the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to serve as a supervisor.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date