



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**VERIFICATION OF DIRECT SUPERVISION FOR
 PROVISIONAL LICENSE**

BEHAVIOR ANALYST ADVISORY BOARD

INSTRUCTIONS

- This form must be typed or printed legibly using black ink.
- Provide complete information. Incomplete information will delay the application process.
- Requires the date and signature of both the supervisee and the supervising Behavior Analyst.

Return form to:

Behavior Analyst Advisory Board
 3605 Missouri Blvd
 PO Box 1335
 Jefferson City MO 65102-1335
 Telephone: (573) 526-5804
 TDD: 1-800-735-2966
 E-mail: ba@pr.mo.gov

SECTION I - SUPERVISEE DATA (TO BE COMPLETED BY SUPERVISEE)

1. PLEASE INDICATE WHICH PROFESSION YOU ARE APPLYING FOR PROVISIONAL LICENSE

Behavior Analyst Assistant Behavior Analyst

2. NAME (FIRST, MIDDLE, MAIDEN, LAST)

3. SOCIAL SECURITY NUMBER

4. ADDRESS (STREET, CITY, STATE, ZIP)

5. TELEPHONE (WORK)

6. TELEPHONE (CELL)

SECTION II - SIGNATURE OF SUPERVISEE

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 direct supervision is changed in any way, I will immediately notify the Behavior Analyst Advisory Board.

SIGNATURE

DATE

SECTION III - SUPERVISOR DATA (TO BE COMPLETED BY SUPERVISOR)

7. NAME (FIRST, MIDDLE, MAIDEN, LAST)

8. MISSOURI LICENSE NUMBER

9. EMAIL

10. ADDRESS (STREET, CITY, STATE, ZIP)

11. TELEPHONE (WORK)

12. TELEPHONE (CELL)

13. DATE SUPERVISION BEGAN OR WILL BEGIN (MM/DD/YYYY)

14. ANTICIPATED END DATE (MM/DD/YYYY)

SECTION IV - SIGNATURE OF SUPERVISOR

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 direct supervision is changed in any way, I will immediately notify the Behavior Analyst Advisory Board.

SIGNATURE

DATE