



Washington State Department of  
**Health**

Applied Behavior Analysis Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Licensed Assistant Behavior Analyst—Supervised Experience

Name	First	Middle	Last
Credential # (if available)		Date of Birth	

**This form must be sent directly to the Department of Health from the training supervisor. Please mail directly to the Department of Health, Credentialing, PO Box 47877, Olympia, WA 98504-7877 or e-mail to [HSQACredentialing@doh.wa.gov](mailto:HSQACredentialing@doh.wa.gov).**

### To the Supervisor:

Please review [WAC 246-805-230](#) BEFORE you begin supervision of the LABA trainee in order to assure that you meet the qualifications to provide supervised experience and to assure that you provide the trainee with all requirements.

### Attestation:

As an approved supervisor, I \_\_\_\_\_ attest that the above named trainee has completed a minimum of 1000 hours of supervised experience in behavior analysis as outlined in [WAC 246-805-230](#), and that this supervised experience included the following:

- Directly implemented behavioral programs delivering therapeutic and instructional procedures, which did not exceed 50 percent of the total accrued experience hours; and
- Designed and systematically monitored behavioral programs, naturalistic observation, staff and caregiver training, researching literature related to the program, and conducted assessments related to the need for behavioral intervention.

The supervised experience also included the following content areas:

- Ethics and professional conduct;
- Measurement;
- Experimental design;
- Behavior-change considerations;
- Fundamental elements of behavior change;
- Behavior-change procedures;
- Behavior-change systems;
- Problem identification;
- Assessment;
- Intervention;
- Implementation, management and supervision;
- Philosophical assumptions of behavior analysis;
- Verbal operants; and
- Respondent and operant conditioning

LBA # \_\_\_\_\_ Date Issued \_\_\_\_\_ BCBA# \_\_\_\_\_ Date Issued \_\_\_\_\_

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