

State of Nevada
 Board of Psychological Examiners
 4600 Kietzke Lane. Bldg B-116 • Reno, NV 89502 • 775-688-1268
 nbop@govmail.nv.state.nv.us

Licensed Assistant Behavior Analyst
Supervisor Qualification Form

USE TYPEWRITER OR PRINT LEGIBLY IN INK

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 Sex	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 NAC 641.1563)				

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