



PROTECT PEOPLE &  
PROMOTE BUSINESS

Bureau of Professional Licensing  
PO Box 30670 • Lansing, MI 48909  
(517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLData@michigan.gov](mailto:BPLData@michigan.gov)

## VERIFICATION OF SUPERVISION FOR ASSISTANT BEHAVIOR ANALYST

Authority: 1978 PA 368

The supervisor signing this form must be a Michigan licensed behavior analyst. A separate form must be submitted for each supervisor who is verifying they supervise you.

### Section of Form to be Completed by Applicant:

|                                 |                |               |
|---------------------------------|----------------|---------------|
| Legal Name (First Name)         | (Middle Name)  | (Last Name)   |
| Street Address                  |                |               |
| City                            | State          | Zip Code      |
| Telephone Number with Area Code | E-mail Address | Date of Birth |

### Remainder of Form to be Completed by Supervisor:

|  |   |             |
|--|---|-------------|
| Name of Organization where Applicant is Employed |   |             |
| Street Address                                   |   |             |
| City   | State   | Zip Code    |
| Supervisor's Printed Name (First, Middle, Last)  | Michigan Behavior Analyst License Number<br>7401- | Date Issued |

### CERTIFICATION AND SIGNATURE

I certify the applicant named above is under my supervision and that as the supervisor I am licensed in the state of Michigan as a Behavior Analyst, I am certified and in good standing with the BACB and all supervision provided complies with current BACB supervision requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title