



## KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD

Po Box 1360, Frankfort, Kentucky 40602

500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892-4249

Fax: (502) 564-4818

<http://aba.ky.gov>

### License Type:

- ☐ Licensed Assistant Behavior Analyst (LaBA)  
☐ Temporary Licensed Behavior Analyst (TLBA) Month: \_\_\_\_\_ Year: \_\_\_\_\_  
☐ Temporary Licensed Assistant Behavior Analyst (TLaBA)  
☐ Trainee Disciplined License Holder- Board Liaison \_\_\_\_\_

## Supervisory Plan

### Supervisor Information

1. \_\_\_\_\_

Name: Last	First	Middle Initial	Social Security Number
------------	-------	----------------	------------------------

\_\_\_\_\_

Mailing Address: Street	City	State	Zip Code
-------------------------	------	-------	----------

\_\_\_\_\_

( )	( )	( )	
-----	-----	-----	--

\_\_\_\_\_

Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
-------------------	-------------------	---------------------	---------------

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

BACB Certification Number: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_\_

BACB Certification Status: ☐ Active ☐ Inactive Kentucky ABA License Number: \_\_\_\_\_

### Supervisee Information

2. \_\_\_\_\_

Name: Last	First	Middle Initial	Social Security Number
------------	-------	----------------	------------------------

\_\_\_\_\_

Mailing Address: Street	City	State	Zip Code
-------------------------	------	-------	----------

\_\_\_\_\_

( )	( )	( )	
-----	-----	-----	--

\_\_\_\_\_

Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
-------------------	-------------------	---------------------	---------------

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

BACB Certification Number: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_\_

BACB Certification Status: ☐ Active ☐ Inactive Kentucky ABA License Number: \_\_\_\_\_



**KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD**

Po Box 1360, Frankfort, Kentucky 40602

500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892-4249

Fax: (502) 564-4818

<http://aba.ky.gov>

**Please select the experience level of the supervisee below (1 or 2) followed by the format of supervision to be accrued.**

☐ 3. Less than five (5) years of full-time, post-certification practice (current):

☐ Two (2) monthly one (1) hour supervision meetings, including at least one (1) contact supervision meeting every month with a Behavior Analyst certified by the National Behavior Analyst Certification Board as a Board Certified Analyst or a Board Certified Behavior Analyst-Doctoral.

Format of Supervision: \_\_\_\_\_

Other Board approved frequency and format of supervision

**(Explain and attach a copy of your approval letter from the Board)**

---

---

---

---

☐ 3a. At least five (5) years of full time post-certification practice (current):

☐ One (1) monthly one (1) hour supervision meeting, including at least one (1) contact supervision meeting every three (3) months with a Behavior Analyst certified by the National Behavior Analyst Certification Board as a Board Certified Behavior Analyst or Board Certified Behavior Analyst-Doctoral.

Format of Supervision: \_\_\_\_\_

Other Board approved frequency and format of supervision

**(Explain and attach a copy of your approval letter from the Board)**

---

---

---

---



**KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD**

Po Box 1360, Frankfort, Kentucky 40602

500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892-4249

Fax: (502) 564-4818

<http://aba.ky.gov>

☐ 3b. Disciplined license holder

☐ One (1) weekly contact supervision meeting.

☐ Other Board approved frequency and format of supervision.

**(Explain and attach a copy of your approval letter from the Board)**

---

---

---

---

**It is the responsibility of the supervisor and supervisee to review and abide by the Requirements for Supervision under 201KAR 43:050**

**4. Measurable goals for supervision: (Including items from the BACB Task List or provided by Board Liaison)**

---

---

---

---

---

---

---

---

---

---



**KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD**

Po Box 1360, Frankfort, Kentucky 40602

500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892-4249

Fax: (502) 564-4818

<http://aba.ky.gov>

**5. Assessment: (including strengths, weaknesses, and assessment methods employed)**

---

---

---

---

---

---

---

---

**6. Professional traits rated less than satisfactory on the Annual Report of Supervision that will be addressed in supervision: (if applicable)**

---

---

---

---

---

---

---

---

**7. Other professional skills needing further development:**

---

---

---

---

---

---



**KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD**

Po Box 1360, Frankfort, Kentucky 40602

500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892-4249

Fax: (502) 564-4818

<http://aba.ky.gov>

8. Is the supervised licensee currently applying to become a Licensed Behavior Analyst (LBA)?

☐ Yes ☐ No

9. If yes, do you recommend this individual for unsupervised practice as a Licensed Behavior Analyst (LBA)?

☐ Yes ☐ No

10. Do you have more than one (1) supervisor?

☐ Yes ☐ No

If yes, please submit a supervisory plan for each supervisor in accordance to 43:050 Section 5(2).

**Other Comments:**

---

---

---

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date

**FOR BOARD USE ONLY**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Approved ☐

Deferred ☐

Denied ☐

Comments: \_\_\_\_\_

---

---