



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)
- 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 ~~[Street]~~Address: Street City State Zip Code

() () ()

Home Phone Number Work Phone Number Mobile Phone Number Email

Address~~[Fax:]~~

Organization: _____ Title: _____

BACB Certification Number: _____ Date of Initial Certification: _____

BACB Certification Status: Active Inactive Kentucky ABA License Number: _____





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

3[1]. Less than five (5) years of full-time, post-certification practice (current):

[A-] 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: _____

[B-] Other Board approved frequency and format of supervision

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

3a[2-]. At least five (5) years of full time post-certification practice (current):

[A-] One (1) monthly one (1) hour supervision meeting, including at least one (1) contact [~~1-hour, face to face (in person)~~] supervision meeting every three (3) months with a [b] Behavior [a] Analyst certified by the National Behavior Analyst Certification Board as a Board Certified Behavior Analyst or Board Certified Behavior Analyst-Doctoral.

Format of Supervision: _____

[B-] Other Board approved frequency and format of supervision

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



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- 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[GOALS FOR SUPERVISION]: (Including items from the BACB Task List or provided by Board Liaison)



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[PROFESSIONAL TRAITS RATED LESS THAN SATISFACTORY ON THE ANNUAL REPORT OF SUPERVISION THAT WILL BE ADDRESSED IN SUPERVISION (if applicable):]

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:



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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.

Other Comments:

Supervisor

Date

Supervisee

Date

FOR BOARD USE ONLY

Date **[Plan]**Received: _____

[Circle One: ~~Accepted~~ or ~~Rejected~~]

Reviewed By: _____

Approved

Deferred

Denied

Comments **[and/or Follow Up]**: _____

Form ABA -002

