

**Assistant Behavior Analyst Supervisory Agreement Documentation**

Assistant Behavior Analysts licensed by the Mississippi Autism Board are required to provide proof of ongoing supervision by a Mississippi Licensed Behavior Analyst when providing applied behavior analytic treatment services.

**Assistant Behavior Analyst:**

Behavior Analyst's Name:		BACB Certification No.:	
Employer:			
Mailing Address:			
City, State:		Zip Code:	
Business Phone:		Fax:	
Email:			

**Supervisor Registration Information:**

Supervising LBA's Name:		MS License No.:	
Employer:			
Mailing Address:			
City, State:		Zip Code:	
Business Phone:		Fax:	
Email:			

**Supervising LBA - Please complete the following attestations by initialing beside each statement of attestation:**

	I attest that I understand that <i>Miss. Code Ann. § 73-75-1 Rule 9.2</i> deems my license may be denied, suspended, or revoked should the Assistant Behavior Analyst listed above under my supervision engage in unethical or questionable practices.
	I attest that I understand that <i>Miss. Code Ann. § 73-75-1 Rule 9.2</i> deems my license may be denied, suspended, or revoked should I encourage or participate in any intentional act or act of omission that caused or assisted the supervisee listed above to violate any of <i>Miss. Code Ann. § 73-75-1</i> and/or any law.
	I attest that I understand that <i>Miss. Code Ann. § 73-75-1 Rule 9.2</i> deems my license may be denied, suspended, or revoked should I fail to provide appropriate supervision of my supervisee listed above. Therefore, I attest that I will provide supervision of the Assistant Behavior Analyst listed per current guidance from the BACB.
	I attest that I understand that under <i>Miss. Code Ann. § 73-75-1 Rule 9.3E</i> the Mississippi Autism Board may audit my supervision record(s) of this supervisee at its discretion.
	I attest that I will maintain supervision records as designated in <i>Miss. Code Ann. § 73-75-1 Rule 9.3E</i> . These records will be available to the Board upon the Board's request without undue delay.
	I attest that upon termination of supervision I will notify the Board in writing of such termination.

Applicant Signature

Date

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Supervisor Signature

Date

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