To the Supervisor:
Please review WAC 246-805-230. To supervise an LABA trainee, you must hold a license as a Licensed Behavior Analyst (LBA) that has been in good standing for at least one year, or hold a current certification as a board certified behavior analyst (BCBA) and meet the Behavior Analysis Certification Board (BACB) supervisory requirements.
You may not be related to, subordinate to, or employed by the LABA trainee during the supervised experience period.
Prior to the commencement of any supervision you shall provide the LABA trainee, this declaration, stating that you and the trainee will meet the requirements of WAC 246-805-230 and that you qualify as an approved supervisor.
As an approved supervisor, I attest that the above named trainee performed the following activities during the supervised experience:

- Directly implemented behavioral programs delivering therapeutic and instructional procedures, which did not exceed 50 percent of the total accrued experience hours; and
- Designed and systematically monitored behavioral programs, naturalistic observation, staff and caregiver training, researching literature related to the program, and conducted assessments related to the need for behavioral intervention.

The supervised experience also included the following content areas:

- Ethics and professional conduct;
- Measurement;
- Experimental design;
- Behavior-change considerations;
- Fundamental elements of behavior change;
- Behavior-change procedures;
- Behavior-change systems;
- Problem identification;
- Assessment;
- Intervention;
- Implementation, management and supervision;
- Philosophical assumptions of behavior analysis;
- Verbal operants; and
- Respondent and operant conditioning

Declaration of Supervision:
As the LABA experience supervisor I, ______________________________, attest that the above named applicant has completed a minimum of 1000 hours of supervised experience in behavior analysis as outlined in WAC 246-805-230.

LBA # _______________ Date Issued____________ BCBA# _______________ Date Issued____________

Signature of Supervisor ________________________________________ Date ____________________