PBAAP
Professional Behavior Analysts
Association of the Philippines, Inc.

Supervision Verification & Ethics Commitment Form

Applicant's Name:			
Certification Held:			(e.g., QASP-S, RBT, IBT, ABAT)
Email:		Signing Date:	

Purpose: The purpose of this form is to ensure that all individuals engaged in professional behavior-analytic practice under the Professional Behavior Analysts Association of the Philippines, Inc. (PBAAP) adhere to the highest standards of ethical conduct and accountability. By completing this form, applicants affirm their commitment to current Applied Behavior Analysis (ABA) professional ethical guidelines and verify the presence of active, qualified supervision for supervised members. This process safeguards the integrity of services delivered, promotes professional growth, and upholds the values of transparency, responsibility, and ethical excellence within the PBAAP community.

Part 1 – Declaration of Supervised Practice (for Supervised Members)
By placing a check (✔), I, the undersigned applicant, hereby affirm and declare the following:

☐	1. I currently hold a valid certification at the assistant, technician, or therapist level.
☐	2. I am under ongoing supervision by a qualified behavior analyst or supervisor approved by PBAAP.
☐	3. I provide services exclusively under direct or indirect supervision and do not engage in independent practice.
☐	4. I understand that my practice is limited to the scope permitted by my certification and training.
☐	5. I will notify the Association within ten (10) calendar days if my supervision status changes or is terminated.

Part 2 – Ethical Commitment
I hereby affirm my commitment to the following:

☐	1. I will adhere to the ethical standards of the PBAAP, including applicable international codes (e.g., BACB Ethics Code), as adapted to the local context.
☐	2. I will uphold professional conduct, maintain confidentiality, and ensure informed consent in all areas of my practice.
☐	3. I will actively seek supervision in any situation involving clinical, ethical, or professional uncertainty.

☐	4. I understand that any misrepresentation of my supervision status or violation of ethical standards may result in disciplinary action, reclassification of membership, or permanent revocation of membership.

Part 3 – Supervisor Verification (for Supervised Members)

Supervisor's Name:			
Supervisor's Certification:		(e.g., BCBA, QBA, etc.)	
Supervisor's Certification Number:			
Supervisor's Email/Contact:			
Affiliated Organization or Practice:			
I verify that I am currently supervising the above-named applicant. I understand my role includes monitoring their professional conduct, and I will report any concerns to the Association if needed.			
Supervisor's Signature:		Date:	

Applicant's Signature:	