Supervision Verification & Ethics Commitment Form
For Supervised Members

PBAAP
Professional Behavior Analysts Association of the Philippines, Inc.

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

Purpose: This form is required for all Supervised Member applicants. It confirms the member is actively supervised by a qualified professional and agrees to adhere to ethical standards appropriate to their level of training and scope of practice.

Part 1 – Declaration of Supervised Practice
I, the undersigned applicant, 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:

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

Supervisor Name: _____
Supervisor's Certification: _____ (e.g., BCBA, QBA, etc.)
Supervisor Certification Number: _____
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 Signature: _____ Date: _____

Applicant Signature: _____