



Ohio Board of Psychology

Certified Ohio Behavior Analyst (COBA) Verification of Supervised Professional Experience in ABA

This form shall be completed by direct supervisor of the applicant pursuant to OAC 4783-1-01 (B)(3) who must meet the following requirements: (a) A psychologist or a school psychologist licensed by this board by another jurisdiction; and/or (b) A board certified behavior analyst (BCBA) in good standing certified by the Behavior Analyst Certification Board; and/or (c) A certified Ohio behavior analyst; and/or (d) A professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757 of the Revised Code. Please complete this form in its entirety, have it notarized, and mail it directly to:

Ohio Board of Psychology 77 S. High St. 18th fl. Columbus OH 43215-6108

Please print clearly

Name of Applicant for Certification:
Name of Supervisor Meeting Above Requirements: Issuing Board and Number of Qualifying Credential:
Familiarity with applicant—Please set forth specifics to account for your professional familiarity with the applicant, including any academic contact, familiarity with supervised work, and any other information to assist the Board:
Name and Address of Facility/Supervised Work Site:
Average hours/week on placement: _____ (please provide a number, not a range) Dates (month, day, year): ____ / ____ / ____ through ____ / ____ / ____ Total Hours: _____
Was experience used toward BCBA certification requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes” <input type="checkbox"/> Supervised Independent Fieldwork (1500 hours) <input type="checkbox"/> Practicum (1000 hours) <input type="checkbox"/> Intensive Practicum (750 hours)
Total hours of individual supervision: _____ Total hours of group supervision: _____
Supervised applied behavior analysis procedures: _____ _____ _____ _____

