

VERIFICATION OF SUPERVISION FORM

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Jennifer Jones, OPG, 10080 E 121st St, suite 112, Fishers, IN 46037, OR emailed to jjones@opgrowth.com.

The supervised training of the applicant must include **at least 100 hours of formal supervision** within a 3-year period. Please have your supervisor complete this form to verify the hours supervised with their signature. Note: If you had multiple supervisors to total the 100 hours of supervision, each supervisor must complete a Verification of Supervision form, indicating the specific number of hours supervised.

Name of Applicant

Name of supervisor:

Supervisor title & credentials:

Organization where supervised training occurred:

Address:

Telephone:

Email:

Dates of Supervision: From to

The supervised training of the applicant included the following (check all that apply):

- Experience working directly with individuals with developmental disabilities.
- Experience devising, implementing, and monitoring behavioral support plans.
- Experience supervising and training others in implementing behavioral supports.

Total number of hours supervised in above duties:

Comments:

My signature indicates the above information is true, complete, and accurate – the applicant received supervision as a behavior consultant from me.

Signature: _____

Date: