

## GENERAL INFORMATION FOR SUPERVISION RELATIONSHIPS BETWEEN A BEHAVIOR ANALYST AND AN ASSISTANT BEHAVIOR ANALYST

In order to practice as an Assistant Behavior Analyst (ABA) in Montana, the ABA must be supervised by a licensed Behavior Analyst (BA) and have entered into a supervision agreement with the BA. The following outlines general information for a supervision relationship for ABA applicants new to the State of Montana, or for a change of supervising behavior analyst.

- A. Application Fee:** \$25.00 for each new Supervision Relationship, payable by the behavior analyst supervisor.
- B. Qualification of Supervising Behavior Analyst:**
- a. possess a current, active Montana license
  - b. exercises supervision over the assistant behavior analyst in accordance with the rules adopted by the Board
  - c. retains professional and legal responsibility for the care and treatment of patients by the assistant behavior analyst. A.R.M. 24.189.910(10)
- C. Qualifications for Assistant Behavior Analyst** must have or be actively applying for a current active Montana ABA license.
- D. Number of Supervisees per Supervising Behavior Analyst:**  
A.R.M. 24.189.910: (3) A behavior analyst may not supervise:  
(a) more than three student interns if the analyst is also supervising behavior technicians or assistant behavior analysts; or  
(b) more than seven student interns if the analyst is not supervising behavior technicians or assistant behavior analysts.
- A.R.M. 24.189.910: (4) A behavior analyst shall report to the board all student interns, behavior technicians, and assistant behavior analysts within five business days of commencement of supervision of each student intern, behavior technician, or assistant behavior analyst.
- E. Written Supervision Agreement Required**  
A.R.M. 24.189.910: (11) A supervising behavior analyst shall enter into a written supervision agreement with each student intern, behavior technician, or assistant behavior analyst to be supervised to ensure the safety and quality of behavior analysis services, considering the location, nature, and setting of the practice and the experience of the supervisee, and shall provide for:
- (a) an appropriate type or combination of types of supervision identified in (5), including specific supervising behavior analyst response and availability times;
  - (b) an appropriate scope of delegation of practice authority and appropriate limitations upon the practice authority of the particular supervisee; and
  - (c) appropriate frequency and duration of face-to-face meetings.
- F. Retention of Supervision Agreement**  
A.R.M. 24.189.910: (13) The supervision agreement must be kept by the supervising behavior analyst for seven years. A legible copy of the signed supervision agreement must be submitted, if requested, to the board or its designee.

**MONTANA BOARD OF PSYCHOLOGISTS**  
PO Box 200513  
**(301 S PARK, 4<sup>TH</sup> FLOOR - Delivery)**  
Helena, Montana 59620-0513  
**(406) 444-5773** E-MAIL [dlibspsy@mt.gov](mailto:dlibspsy@mt.gov) WEBSITE: [www.psy.mt.gov](http://www.psy.mt.gov)

**PLEASE TYPE OR PRINT IN INK.**

(Please allow 10 days for processing from the date that the Board has a completed application.)

**Application for Supervision Relationship:**                      **Start date:** \_\_\_\_\_

**SUPERVISING BEHAVIOR ANALYST INFORMATION:**

1. FULL NAME: \_\_\_\_\_  
LastFirstMiddle
  2. BUSINESS NAME \_\_\_\_\_
  3. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box #City and StateZip
  4. HOME ADDRESS \_\_\_\_\_  
Street or PO Box #City and StateZip
- PREFERRED MAILING ADDRESS \_\_\_\_ Business \_\_\_\_ Home E-MAIL ADDRESS \_\_\_\_\_
5. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
BusinessHomeMobile
  6. SOCIAL SECURITY NUMBER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_
  7. BACB REG. # \_\_\_\_\_

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**SUPERVISED ASSISTANT BEHAVIOR ANALYST:**

1. FULL NAME: \_\_\_\_\_  
LastFirstMiddle
  2. BUSINESS NAME \_\_\_\_\_
  3. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box #City and StateZip
  4. HOME ADDRESS \_\_\_\_\_  
Street or PO Box #City and StateZip
- PREFERRED MAILING ADDRESS \_\_\_\_ Business \_\_\_\_ Home E-MAIL ADDRESS \_\_\_\_\_
5. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
BusinessHomeMobile
  6. SOCIAL SECURITY NUMBER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_
  7. BACB REG. # \_\_\_\_\_

### AFFIDAVITS AND SIGNATURES

**I hereby declare under penalty of perjury the information included in this supervision agreement application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question or request for information may lead to a denial of my application or grounds for subsequent disciplinary action imposed on my licensure. I further affirm that I have read and accepted the licensing statutes and pursuant to my profession, including supervision agreement, and hereby certify that I will abide by all statutes and rules of the Board of Psychologists that pertain to my licensure. I acknowledge and understand that I may not practice behavior analysis independently pursuant to 37-17-405, MCA.**

Assistant Behavior Analyst:

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(Print Name)

(Signature)

(Date)

### SUPERVISING BEHAVIOR ANALYST AFFIRMATION

**I hereby declare under penalty of perjury the information included in this supervision agreement application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question or request for information may lead to a denial of my application or grounds for subsequent disciplinary action imposed on my licensure. I affirm that I have read and understand the current Board of Psychologists statutes and rules, including those pertaining to assistant behavior analysts, supervision agreements and duties and delegation and my responsibilities as a supervising behavior analyst. I acknowledge and agree pursuant to 37-17-405, MCA and ARM 24.189.910 to exercise appropriate supervision over the above-named ABA in accordance with all statutes and rules of the Board of Psychologists. I acknowledge and agree that I will retain professional and legal responsibility for the care and treatment of patients by the above-named ABA. I understand that duties and responsibilities may be delegated, or restrictions imposed, at my discretion, including additional limitations above those granted by the Board, and will be reflected in the supervision agreement.**

Supervising Behavior Analyst:

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(Printed name)

(Signature)

(Date)