

HEALTH LICENSING OFFICE Behavior Analysis Regulatory Board

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Web: www.oregon.gov/oha/ph/hlo

Behavior Analysis Interventionist Supervision Log

This form identifies the oversight of the Behavior Analysis Interventionist as provided by the supervising Licensed Behavior Analyst, Licensed Assistant Behavior Analyst, or Licensed Health Care Professional. As outlined in rule, the registered interventionist must maintain this log, and all other training and supervision records, for a period of five years after the last day of training and supervision, and upon request, the interventionist must make such records available for inspection by the Health Licensing Office.

| Interventionist Information | | | | |
|---|---|--|-----------------|--|
| LAST NAME: | FIRST NAME: | | MIDDLE INITIAL: | |
| INTERVENTIONIST REGISTRATION NUMBER: | | | | |
| Supervisor Information | | | | |
| LAST NAME: | FIRST NAME: MIDDLE INITIAL: | | INITIAL: | |
| SUPERVISOR REGISTRATION NUMBER: | | | | |
| CITY: | | | | |
| Direct and Indirect Supervision Log | | | | |
| DATE DIRECT SERVICE HOURS BEGAN: | | | | |
| Provide a combination of direct and indirect supervision of each interventionist for at least five (5) percent of that interventionist's service hours; and Provide direct supervision at least once per calendar month in the months when services were provided. | | | | |
| Entries: | | | | |
| DATE OF ENTRY: | TOTAL HOURS SINCE LAST ENTRY: | | | |
| TOTAL ONGOING OVERSIGHT HOURS PROVIDED: | PERCENT (%) OF ONGOING OVERSIGHT: | | | |
| TOTAL DIRECT SUPERVISION HOURS PROVIDED: | PERCENT (%) OF DIRECT SUPERVISION: | | | |
| NOTES: | | | | |
| Entries: | | | | |
| DATE OF ENTRY: | TOTAL HOURS SINCE LAST ENTRY: | | | |
| TOTAL ONGOING OVERSIGHT HOURS PROVIDED: | PERCENT (%) OF ONGOING OVERSIGHT: | | | |
| TOTAL DIRECT SUPERVISION HOURS PROVIDED: | PERCENT (%) OF DIRECT SUPERVISION: | | | |
| NOTES: | | | | |

Behavior Analysis Interventionist Supervision Log (continued)

This form identifies the oversight of the Behavior Analysis Interventionist as provided by the supervising Licensed Behavior Analyst, Licensed Assistant Behavior Analyst, or Licensed Health Care Professional. As outlined in rule, the registered interventionist must maintain this log, and all other training and supervision records, for a period of five years after the last day of training and supervision, and upon request, the interventionist must make such records available for inspection by the Health Licensing Office.

| Entries: | |
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| DATE OF ENTRY: | TOTAL HOURS SINCE LAST ENTRY: |
| TOTAL ONGOING OVERSIGHT HOURS PROVIDED: | PERCENT (%) OF ONGOING OVERSIGHT: |
| TOTAL DIRECT SUPERVISION HOURS PROVIDED: | PERCENT (%) OF DIRECT SUPERVISION: |
| NOTES: | |
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| Entries: | |
| DATE OF ENTRY: | TOTAL HOURS SINCE LAST ENTRY: |
| TOTAL ONGOING OVERSIGHT HOURS PROVIDED: | PERCENT (%) OF ONGOING OVERSIGHT: |
| TOTAL DIRECT SUPERVISION HOURS PROVIDED: | PERCENT (%) OF DIRECT SUPERVISION: |
| NOTES: | |
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^{*}Print additional blank pages as necessary.