



For Initial Eligibility and Re-certification

⇒ Evidence of successfully completing the eligibility requirements for IWBMC-CE, including:

- 40 hours of hands-on implementation of the IWBMC at the Provider level
- Completion of three IWBMC Initial Evaluations
- Completion of three IWBMC Re-Evaluations

Supervisors must complete the following:

Supervisor NAME _____

Must be on the NCBC list of approved supervisors. Supervisors who are not on the list and wish to be included may complete the electronic form here: <https://wkf.ms/3Zlzh70>

Please complete the table below for each observation that you supervised. Each form must be targeted to one certificant and will be included as evidence of meeting (re)certification requirements:

[illegible]

Provider Observation	Length of Observation	Date of Observation	Setting of Observation	Satisfactory Performance: Y/N
Provider Observation	Length of Observation	Date of Observation	Setting of Observation	Satisfactory Performance: Y/N
Provider Observation	Length of Observation	Date of Observation	Setting of Observation	Satisfactory Performance: Y/N
Provider Observation	Length of Observation	Date of Observation	Setting of Observation	Satisfactory Performance: Y/N
<p align="center">Evaluator Implementation</p> <p>Supervision for each evaluation must include all elements of the IWBMC evaluation:</p> <ol style="list-style-type: none"> 1. Parent/Guardian Interview 2. Client Testing 3. Comprehensive Report 4. Program Development/Updates 5. Evaluation Overview 				
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	
Type of Supervision (circle one): - Initial Evaluation - Re-Evaluation	Date(s) of Observation	Were all five (5) required elements observed? Y/N	Satisfactory Performance: Y/N	

By signing below, you agree that all information provided is accurate and true to the best of your knowledge. You may include any relevant notes or comments below the signature line.

Signature

DATE