



The Mindfulness Academy for Addiction & Trauma Training

Verification of Scholar Hours Form

MBATT Level II

Date: _____

Scholar Name: _____

Consulting Supervisor's Name: _____ MBATT # _____

As the above referenced MBATT Consulting Supervisor (MBATT-S), I do verify that the Scholar has completed ____ hours of supervision to date.

MBATT Level III

Date: _____

Scholar Name: _____

Consulting Supervisor's Name: _____ MBATT # _____

A minimum of **8 hours** of supervision with an MBATT Consulting Supervisor (MBATT-S) prior to attending the MBATT Level III Training.

As the above referenced MBATT Consulting Supervisor (MBATT-S), I do verify that the Scholar has completed ____ hours of supervision to date.