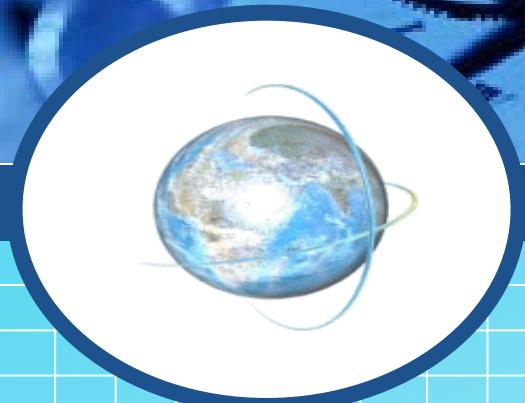


LOGO



A B A K O R E A A C A D E M Y

2026년 QBA의 개정된 필드워크 Form 소개

양문봉, Ed.D, BCBA-D, QBA, KBA-D



[Www.abakorea.net](http://www.abakorea.net)

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수정사항 개요

- A. QABA ABAT, QASP-S, QBA 중 QBA만 양식 수정이 발표됨
- B. QASP-S의 monthly 및 final form의 명칭과 양식은 이전과 동일
- C. QBA Supervisor Fieldwork Documentation Verification Form
→ Pre-QBA Certification Monthly Supervision Log
- D. QBA Fieldwork Supervision Documentation Final Verification Form
→ Pre-QBA Certification Final Verification Form

Pre-QBA Certification Monthly Supervision Log



Pre-QBA Certification Monthly Supervision Log

The QBA requires 2000 hours of supervised fieldwork with a minimum of 1200 hours in an oversight or supervisory role (conducting/analyzing assessment, developing treatment plans, training staff or parents, etc.) and 800 hours of direct work. Supervision is 5% of hours provided behavior analytic tasks. Supervision may be completed remotely, using software that meets privacy requirements such as HIPAA-compliant video conferencing program. One of the contacts must be in-person or live via video conferencing for a minimum of 1 (one) hour. 50% of supervision hours may occur in a group setting. Group participant totals for each setting are at the discretion of the supervisor. Supervisees can accrue no less than 20 hours per month and no more than 140 hours per month of direct work. This form is to be maintained by the supervisor and supervisee for a minimum of 7 years. This document can be requested during a certification audit by QABA at any point in time for up to 7 years from the initial date of certification. If requested, this document with original signatures and date must be presented within the QABA guidelines and requirements. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures.

Month/Year: _____ **Supervisee:** _____ **Supervisor:** _____

January 2025

Total Independent Hours (supervisor not present) Sum of A and B = _____

Total Supervised Hours (supervisor present) Sum of C and D =

Percent of Hours Supervised (Supervised hours /independent hours *100)=

Satisfactory: The supervisee demonstrated strong professional skills in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct and supervisory capacity, and met a satisfactory performance. Notes

Needs Improvement: The supervisee demonstrated professionalism and skill in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct and supervisory capacity. Although improvement is needed in one or more of the above areas. Notes

Unsatisfactory: The supervisee demonstrated an unsatisfactory performance in the areas of professionalism and skill in the areas of client services, professional communication and competency, knowledge of applying the principles of ABA in a direct and supervisory capacity. Notes _____

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/BCBA-D/LBA (REQUIRED): _____

Supervisor's Signature: _____ **Date:** _____

Supervisor's Credential and/or License Information: _____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____
Supervision's Email: _____ and Phone number: _____

Supervisor's Email _____ and Phone number _____

January 2025

Pre-QBA Certification Final Verification Form



Pre QBA Certification Verification Form

This form is to be completed by the supervisee and supervisor and to upload during application process. This document is to be maintained by the supervisor and supervisee for a minimum of 7 years. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures. Please summarize the information from the Pre-QBA Certification Monthly Supervision Log

Supervisee:	
Supervisor:	
Supervision Period Start Date:	
Supervision Period End Date:	
1. Total Independent Hours of Direct work. Supervisor not present. Up to 40 % of independent hours	
2. Total Independent Hours. Conducting Indirect ABA activities. Supervisor not present. Up to 60 % of independent hours	
3. Total One on One Supervised Hours:	
4. Total Group Supervised Hours:	
5. Total Independent Hours (1+2):	
6. Total Supervised Hours (3+4):	

Please include all activities which were covered during this supervision period stated above: (check all that apply)

- Direct work with learner
- Specific learner(s) discussed
- QASP-S Competencies
- Observation of supervisee
- Supervisory discussion
- ABA research

The Below Section must be completed by the approved certified or licensed supervisor:

Supervision Verification Section: Please write your initials to acknowledge the following statements:

- By completing this section, the supervisor attests that the above information is factual and true to the best of your knowledge. _____ (Initial)
- As the supervisor, I attest that the hours and dates of these documents meet the QABA standards. _____ (Initial)
- As the supervisor, I attest that all activities and observations conducted during this supervision align with the QABA fieldwork standards and were behavior analytic in nature. _____ (Initial)
- As the supervisor, I attest that during the time of supervision learners' information was kept confidential. _____ (Initial)
- As the supervisor, I attest that during the time of supervision I maintained an active certification and/or license from an accredited board; furthermore, I have held this certification or licensure for a time period greater than 12 months. _____ (Initial)

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/BCBA-D/LBA (REQUIRED): _____

Supervisor's Signature: _____ Date: _____

Supervisor's Credential and/or License Information: _____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____

Supervisor's Email _____ and Phone number _____

Pre-QBA Certification Monthly Supervision Log



Pre-QBA Certification Monthly Supervision Log

The QBA requires 2000 hours of supervised fieldwork with a minimum of 1200 hours in an oversight or supervisory role (conducting/analyzing assessment, developing treatment plans, training staff or parents, etc.) and 800 hours of direct work. Supervision is 5% of hours provided behavior analytic tasks. Supervision may be completed remotely, using software that meets privacy requirements such as HIPAA-compliant video conferencing program. One of the

1. QBA 자격 취득을 위해 총 2,000시간의 감독 하에 임상이 필요하며, 이 중 최소 1,200시간(Indirect)은 감독 역할(평가 수행/분석, 치료 계획 개발, 직원 또는 보호자 교육 등)에, 800시간(direct)은 직접적인 업무에 할애되어야 합니다.
2. 임상 시간의 5%는 슈퍼비전을 받아야 합니다. 감독은 HIPAA(미국 건강 정보 보호법)를 준수하는 화상 회화 프로그램과 같이 개인 정보 보호 요건을 충족하는 소프트웨어를 사용하여 원격으로 진행될 수 있습니다. 최소 1시간은 대면 또는 실시간 화상 회의를 통한 접촉이 필수적입니다.
3. 슈퍼비전의 50%는 그룹 환경에서 이루어질 수 있으며, 각 환경별 그룹 참가자 수는 감독자의 재량에 따릅니다.
4. 슈퍼바이저는 월 최소 20시간에서 최대 140시간의 직접 업무 시간을 확보해야 합니다.
5. 본 양식은 감독자와 피감독자가 최소 7년간 보관해야 합니다. 이 문서는 QABA 인증 감사 시 최초 인증일로부터 최대 7년 이내에 언제든지 요청될 수 있습니다. 요청 시, 원본 서명과 날짜가 기재된 이 문서 QABA 지침 및 요건에 따라 제출해야 합니다. 서명은 잉크로 직접 서명하거나 전자적으로 완료해야 하며, QABA는 서명의 이미지나 사본을 인정하지 않습니다.



Pre-QBA Certification Monthly Supervision Log



Month/Year: 01/2026

Supervisee: Hong Gil Dong

Supervisor: Yang Daniel M.

Date	A. Independent Hours of Direct work Supervisor not present. Up to 40 % of independent hours (timeframe)	B. Independent Hours Conducting Indirect ABA activities. Supervisor not present. Up to 60 % of independent hours (timeframe)	C. One on One Supervised Hours Y/N (timeframe)	D. Group Supervised Hours Y/N (timeframe)	Observation of supervisee Y/N	ABAT Competencies/ Research Y/N
01/11/26	11:60 Hours from 1hour	24 Hours	Y (19:00 ~ 21:00, 2 hours)		N	Y (Research)
01/20/26	16 Hours	24 Hours	Y (19:00 ~ 21:00, 2 hours)		Y	N
01/22/26	16 Hours	24 Hours	Y (19:00 ~ 21:00, 2 hours)		Y	N
01/25/26	8 Hours	12 Hours		Y (19:00 ~ 20:00, 1 hours)	N	Y
Total	56 Hours	84 Hours	6 Hours	1 Hours		

Pre-QBA Certification Monthly Supervision Log



ABA KOREA ACADEMY

Total Independent Hours (supervisor not present) Sum of A and B = 140 Hours

Total Supervised Hours (supervisor present) Sum of C and D = 7 Hours

Percent of Hours Supervised (Supervised hours /independent hours *100)= 5 %

Satisfactory: The supervisee demonstrated strong professional skills in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct and supervisory capacity, and met a satisfactory performance. Notes _____

Needs Improvement: The supervisee demonstrated professionalism and skill in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct and supervisory capacity. Although improvement is needed in one or more of the above areas. Notes _____

Unsatisfactory: The supervisee demonstrated an unsatisfactory performance in the areas of professionalism and skill in the areas of client services, professional communication and competency, knowledge of applying the principles of ABA in a direct and supervisory capacity. Notes _____

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/BCBA-D/LBA (REQUIRED): Yang Daniel Moonbong

Supervisor's Signature: Yang Daniel Date: 12 / 31 / 2026

Supervisor's Credential and/or License Information: QBA

Certifying Board or Licensure State/Board: QABA

Certification/Licensure Number: # 131313

Certification/Licensure Expiration Date: 12 / 31 / 2027

Supervisor's Email 123@ab.kr and Phone number 010 - 9999 - 8888

Pre-QBA Certification Final Verification Form



Pre QBA Certification Verification Form

This form is to be completed by the supervisee and supervisor and to upload during application process. This document is to be maintained by the supervisor and supervisee for a minimum of 7 years. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures. Please summarize the information from the Pre-QBA Certification Monthly Supervision Log

1. 본 양식은 슈퍼바이저와 슈퍼바이저가 같이 작성하여 자격시험 신청 절차 중 업로드해야 합니다.
2. 이 문서는 슈퍼바이저와 슈퍼바이저가 최소 7년간 보관해야 합니다.
3. 서명은 잉크로 직접 하거나 전자 방식으로 완료해야 합니다.
4. QABA는 서명의 이미지나 사본을 허용하지 않습니다.
5. Pre-QBA 인증 월별 수련 기록지의 내용을 요약하여 주십시오.

6. Total Supervised Hours (3+4):

Please include all activities which were covered during this supervision period stated above: (check all that apply)

- Direct work with learner
- Specific learner(s) discussed
- QASP-S Competencies
- Observation of supervisee
- Supervisory discussion
- ABA research



Pre QBA Certification Verification Form

This form is to be completed by the supervisee and supervisor and to upload during application process. This document is to be maintained by the supervisor and supervisee for a minimum of 7 years. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures. Please summarize the information from the Pre-QBA Certification Monthly Supervision Log

Supervisee:	Hong Gil Dong
Supervisor:	Yang Daniel M.
Supervision Period Start Date:	01/01/2026
Supervision Period End Date:	12/31/2026
1. Total Independent Hours of Direct work. Supervisor not present. Up to 40 % of independent hours	800 hours
2. Total Independent Hours. Conducting Indirect ABA activities. Supervisor not present. Up to 60 % of independent hours	1200 hours
3. Total One on One Supervised Hours:	50 hours
4. Total Group Supervised Hours:	50 hours
5. Total Independent Hours (1+2):	2000 hours
6. Total Supervised Hours (3+4):	100 hours

Please include all activities which were covered during this supervision period stated above: (check all that apply)

- Direct work with learner
- Specific learner(s) discussed
- QASP-S Competencies
- Observation of supervisee
- Supervisory discussion
- ABA research





The Below Section must be completed the by the approved certified or licensed supervisor:

Supervision Verification Section: Please write you initials to acknowledge the following statements:

- By completing this section, the supervisor attests that the above information is factual and true to the best of your knowledge. YD (Initial)
- As the supervisor, I attest that the hours and dates of these documents meet the QABA standards. YD (Initial)
- As the supervisor, I attest that all activities and observations conducted during this supervision align with the QABA fieldwork standards and were behavior analytic in nature. YD (Initial)
- As the supervisor, I attest that during the time of supervision learners' information was kept confidential YD (Initial)
- As the supervisor, I attest that during the time of supervision I maintained an active certification and/or license from an accredited board; furthermore, I have held this certification or licensure for a time period greater than 12 months. YD (Initial)

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/BCBA-D/LBA (REQUIRED): Yang Daniel Moonbong

Supervisor's Signature: Yang Daniel Date: 12/31/2026

Supervisor's Credential and/or License Information: QBA

Certifying Board or Licensure State/Board: QABA

Certification/Licensure Number: # 131313

Certification/Licensure Expiration Date: 12/31/2027

Supervisor's Email 123@ab.kr and Phone number 010-9999-8888



질문

(1) 5년전 2021년부터 불연속적으로 임상을 해왔는데 만약에
금년 2026년에 임상을 완료하려고 하면, 과거의 기록을
위해서 어떤 양식을 사용해야 하는가요?

(답) 2021년부터 2022년 12월까지는 과거의 양식인
Supervision Log를 사용하고,
2023년 1월부터 2025년 12월까지는 QBA Supervisor
Fieldwork Documentation Verification Form를 사용하고,
2026년 1월부터 Pre-QBA Certification Monthly Supervision
Log을 사용해야 합니다.



질문

(2) Q A S P – S를 따기 위해서 현재 임상을 하고 있는데, 나중에 대학원에 진학하여 나머지 임상시간을 채우고 Q B A를 따려고 하는데 저는 어떤 양식으로 준비해야 합니까?

(답) 현재 Q A S P – S는 지난해 양식을 그대로 쓰고 있으므로 Supervisor Fieldwork Documentation Verification Form를 완료한 다음에, Q B A를 준비할 때 나머지 1 0 0 0 시간 임상을 할 때 이어서 Pre-QBA Certification Monthly Supervision Log을 사용하면 됩니다.

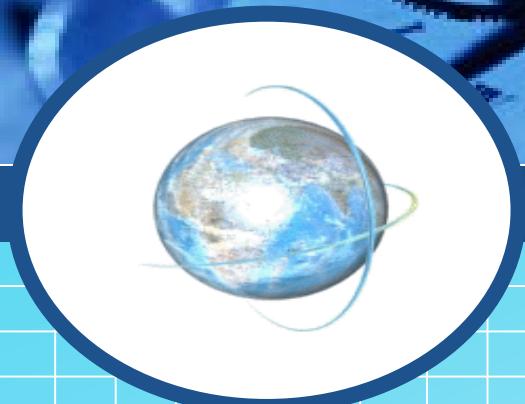


질문

(3) QBA 임상을 위한 지난번 양식인
Supervision Log와 Supervisor Fieldwork
Documentation Verification Form은 어디서 얻을 수 있습니까?

(답) 현재 QABA 홈페이지에서 현재의 양식만 다운받을 수
있으므로 앞으로 조속한 시일 내에 저희 ABA KOREA
ACADEMY 홈페이지에 이들을 업로드하겠습니다.

LOGO



Thank You !

www.autistic.co.kr
www.miral.sc.kr