**Program Proposal Application Form for Programs**

**Preparing Licensed Behavior Analysts/Certified Behavior Analyst Assistants**

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| * Please complete this form for a new or existing program. * Public institutions should use the appropriate SUNY/CUNY proposal submission forms and submit the proposal to the Central Administration of SUNY/CUNY. **This form should be submitted with the SUNY/CUNY forms.** * Submit the application **electronically** to[**opprogs@nysed.gov**](mailto:opprogs@nysed.gov) **AND** mail one **hard copy** to the following address: Professional Education Program Review, Office of the Professions  2nd Floor, West Wing, EB, New York State Education Department   89 Washington Avenue  Albany, NY 12234 |

**SECTION I. GENERAL INFORMATION**

**A**. Name of institution:

Specify campus where program will be offered, if other than the main campus:

**B**. CEO or designee

Name and title: Signature and date:

The signature of the institutional representative indicates the institution's commitment to support the proposed program.

**C**. Contact person, if different

Name and title: Telephone: Fax: E-mail:

**D.** Indicate whether this is a new or existing program: \_\_\_New \_\_\_Existing Program

**E.** Indicate licensure/certification the program is seeking:

\_\_\_ Licensed Behavior Analysts **\_\_\_\_**Certified Behavior Analyst Assistants

**F.** Proposed program title:

**G.** Current program title (if applicable):

**H.** Current/Proposed degree award:

**I.** Current/Proposed HEGIS code:

**J.** SED Program Code of current program (if applicable):

**K.** If the program would be offered jointly with another institution, identify the institution/branch below and attach a letter of agreement signed by that institution's CEO:

**SECTION II. PROGRAM INFORMATION**

**A.** If the program has sought or will seek specialized accreditation, indicate

i) Accrediting Group:

ii) Date Accredited or Expected Date of Accreditation:

**B.** Anticipated maximum enrollment for new programs:

1st yr:\_\_\_\_\_ 2nd yr:\_\_\_\_\_ 3rd yr:\_\_\_\_\_ 4th yr:\_\_\_\_\_ 5th yr:\_\_\_\_\_

**C.** Check all program scheduling and format features that apply: (See [definitions](http://www.nysed.gov/college-university-evaluation/format-definitions))

i) **Format**: Day Evening Weekend Evening/Weekend Not Full-Time

ii) **Mode**: Standard Independent Study External Accelerated

\_\_Distance Education (submit [distance education application](http://www.nysed.gov/common/nysed/files/het-de-app.docx) with this proposal)

iii) **Other**: Bilingual Language Other Than English Upper Division Program

**D.** **Program Requirements**: Provide a list of the program requirements as they will appear in the catalog. Be sure to distinguish between required and elective courses.

**E.** **Program Outline**: Provide a sample program, by year and session, illustrating how program and degree requirements can be satisfied.

**F. Only applicable to new programs:** Provide information on admission and retention standards and resources available to support the program.

**SECTION III. CURRICULUM.   
  
A. Coursework.** Please use the content chart to indicate how the proposed program meets the content requirements. Submit a Course Syllabus or outline for each listed course as well as a Curriculum Vitae for each instructor. Please note: licensed behavior analyst education programs shall lead to a master’s or higher degree; certified behavior analyst assistant education programs shall lead to a bachelor’s or higher degree.

**B. Supervised Clinical Experience.** Programs preparing licensed behavior analysts shallinclude a supervised practicum or internship of a minimum of 150 clock hours. Programs preparing certified behavior analyst assistants shall include a supervised practicum or internship of a minimum of 100 clock hours.

1. Please describe the hours and structure of the clinical experience and how the clinical experience is supervised and evaluated.
2. Please provide a sample of the written contract or agreement between the educational institutions offering the behavior analysis program and the clinical facility or agency which is designated to cooperate in providing the clinical experience. Such contract or agreement shall set forth the responsibilities of each party and shall be signed by the responsible officer of each party. **The record of the agreements with all the clinical facilities or agencies shall be made available upon Request.**

**Content Chart**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Content Requirements** | **Course(s) Number and Title Meeting the Content Requirements** | **Credits** | **Required or Elective** | **Name of Instructors** | **Indicate Faculty Status (Full or Part Time)** |
| 1. autism, autism spectrum disorders and related disorders; |  |  |  |  |  |
| 1. concepts and principles of behavior; |  |  |  |  |  |
| 1. functional behavioral assessment, functional analysis, and direct observation; |  |  |  |  |  |
| 1. design and implementation of behavioral interventions, including, but not limited to:   (i) environmental modification plans based on behavioral stimuli and  consequences; and (ii) maintenance and generalization of behavior; |  |  |  |  |  |
| 1. understanding of assessment and measurement tools; |  |  |  |  |  |
| 1. research methodology, including, but not limited to, experimental design; |  |  |  |  |  |
| 1. scientific and professional ethics and standards of practice; |  |  |  |  |  |
| 1. maintenance of client records; and |  |  |  |  |  |
| 1. issues of cultural and ethnic diversity; |  |  |  |  |  |

**Note: Submit a Course Syllabus or outline for each listed course as well as a Curriculum Vitae for each instructor.**