

**PEPPERDINE UNIVERSITY**  
**GRADUATE SCHOOL OF EDUCATION AND PSYCHOLOGY**  
M.S. Behavioral Psychology Practicum Site Application

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Thank you for your interest in becoming a Pepperdine approved practicum site for our M.S. in Behavioral Psychology students. As an approved BACB® program, Pepperdine is obligated to document that students are receiving experience hours according to the BACB® requirements and *BACB® Professional and Ethical Compliance Code for Behavior Analysts* ([www.bacb.com](http://www.bacb.com)).

The following form serves two purposes. First, it serves as an application for becoming an approved practicum site for our students. Second, if your organization is approved, it provides information that allows our students to know your organization's services and work requirements (we provide information about the approved sites on a Pepperdine directory that students are able to peruse).

Your application will be reviewed by our program review committee, and you will receive an email informing you as to whether your program has been approved or denied. If your organization is approved, you will be listed on our approved practicum directory for students to view, thus you may be contacted by students in the future looking for employment.

In addition to requiring approval for your organization as a whole, each BCBA at your agency who will be providing supervision to our students will be required to fill out a separate supervisor application. That application will be provided to the potential supervisor after your organization has been approved. In addition to completing the application, potential supervisors will be required to submit: (1) curriculum vitae, (2) de-identified sample functional behavior assessment, and (3) de-identified sample behavior intervention plan. Potential supervisors will also be required to have been a BCBA for at least one year and have completed the supervision training requirements outlined by the BACB®: (1) 8-hour supervision training and (2) 1.5-hr BACB® online training module on experience standards ([www.bacb.com](http://www.bacb.com)).

Please email your application and a copy of a job description that matches the job title the student will have while working at your organization to our Program Administrator, Tiffany Wright ([tiffany.wright2@pepperdine.edu](mailto:tiffany.wright2@pepperdine.edu)).

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(Please print information)

Name of Organization: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Director: \_\_\_\_\_

Organization Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

How long has the agency existed? \_\_\_\_\_

**I. Organization Description**

Type of agency (check one and attach appropriate documentation):

- Nonprofit (501C3) Organization
- For profit Autism agency
- For profit behavioral adult services agency
- Licensed Health facility
- School, college, or university
- Governmental entity
- CA Dept. of Alcohol and Drug Programs
- License Pediatric Day Health Care
- Licensed Residential Health Care
- Other: \_\_\_\_\_

**II. Organization Contact Person Information**

Organization Contact Person: \_\_\_\_\_  
(Name with Salutation)

Contact Person Email Address: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_  
(Include Degree/License Type)

Contact Person Phone Number: \_\_\_\_\_

Is Contact Person a Pepperdine Alum? \_\_\_\_\_

### III. Position Information

A. To which populations will supervisees be providing services? (check all that apply):

- Infants
- Autism
- Toddlers
- Developmental disabilities
- Pre-school age
- Emotional disturbance/mental illness
- Elementary school age
- Typically developing
- Middle school age
- Organizational behavior management
- High school age
- Other \_\_\_\_\_ (specify)
- Adults
- Seniors

B. Settings in which supervisee will work (check all that apply):

- Homes
- Clinics
- Businesses
- Schools
- Group homes
- Other \_\_\_\_\_ (specify)

C. Your organization is able to provide supervised experiences for (check one):

- Direct implementation of behavioral procedures
- Indirect services (assessment, treatment planning, report writing)
- Both

D. What are the opportunities supervisees will have at your site (check all that apply)?:

- Implementation of behavior plans (appropriate for first year M.S. students)
- Designing and monitoring evidence-based intervention plans and making data-based decisions
- Measurement and data collection
- Providing feedback on staff performance
- Graphing data
- Parent training
- Visual inspection of graphs and data analysis
- School staff training
- Indirect functional assessment
- Staff supervision and management
- Skills assessment (e.g., Vineland, VB-MAPP, etc.)
- Staff training
- Functional analysis
- Writing behavior intervention plans
- Writing assessment reports
- Writing progress reports
- Other (please specify): \_\_\_\_\_

E. Self-Assessment of Your Site:

- a. Are treatments advertised on your website or other forms of advertising evidence-based?  Yes  No
- b. If your website or other advertising includes testimonials from clients, are they only from clients for whom you no longer provide services?  Yes  No
- c. Does your website and job descriptions use correct behavior analytic terminology (e.g., you use “applied behavior analysis” instead of “applied behavioral analysis”)?  Yes  No
- d. Look at your mission statement and website. Does your mission statement and website show evidence that your organization only uses scientifically proven interventions?  Yes  No

**IV. Supervision Information**

A. Certifications held by professionals providing supervision to trainees – check all that apply at your agency:

- BCBA  BCBA-D

Notes: 1. BCaBAs and RBTs cannot supervise BCBA supervisees  
2. Supervisors must be certified for a minimum of 1 year prior to commencing supervision.

B. Methods by which supervision will be conducted (check all that apply):  in-person observation of supervisee  webinar real time observation of supervisee  videotaped observation of supervisee  in-person discussion and feedback  remote discussion and feedback

**V. Additional Considerations**

A. Days/times supervisee must be available to work: \_\_\_\_\_  
\_\_\_\_\_

B. Can your agency provide **evening/weekend** supervision/client contact?  Yes  No

Please specify evening/weekend hours/day(s): \_\_\_\_\_

Are weekends required?:  Yes  No

C. Minimum number of **total hours** commitment each week: \_\_\_\_\_

D. How long is the commitment to this superviseship (i.e. one year)? \_\_\_\_\_

E. Does your agency provide any training above and beyond supervision?  Yes  No

If yes, please briefly describe the training opportunities: \_\_\_\_\_

F. If your agency provides supervision in **locations** other than your above listed address, please list the cities in which supervisees will be able to receive supervision and/or locations where the supervisee will be located:

\_\_\_\_\_  
\_\_\_\_\_

G. Does the agency pay supervisees?  Yes  No

H. How much driving is involved with this position? (miles per week): \_\_\_\_\_

Does your organization pay mileage?  Yes  No If yes, how much?: \$ \_\_\_\_\_

I. Pepperdine MSBP students enrolling in Practicum meet or exceed the BACB® academic requirements for entry into practicum. Is your agency willing to accept supervisees who may not have had experience beyond coursework?  Yes  No

J. Please list any specific requirements/qualifications for desirable applicants (prior experience, willingness to make a school-year commitment, fingerprinting, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## VI. How To Apply

1. Initial step students take to apply: \_\_\_\_\_

2. Contact Information if different from above: \_\_\_\_\_

3. Required application materials: \_\_\_\_\_

## VII. Terms

- A. I certify that the statements in this application are true, and I understand that misrepresentation or omission of information may lead to my application being denied.
- B. I give Pepperdine permission to verify information in this application.
- C. When the Pepperdine practicum course is occurring (during the Fall, Spring, and Summer terms), I understand that supervisors at my site will be required to agree to provide **individual** supervision **once per week** for **5%** of the experience hours accrued each week by the supervisee.

- D. I agree that at least 50% of the total supervisee hours during the period of experience will be indirect activities (program design, assessment, designing intervention plans, report writing, and training parents and staff) and that no more than 50% of the total supervisee hours will be in direct implementation of behavioral intervention.
- E. I understand that all potential site supervisors must have met the supervision training requires before supervision can begin: (1) a BACB®-approved 8-hour training on providing supervision and (2) the 1.5-hr BACB® online training module on experience standards. (see [www.bacb.com](http://www.bacb.com))
- F. I understand that approval of the practicum site does not mean automatic approval of site supervisor and both the practicum site and site supervisor must be approved before a Pepperdine student can begin supervision. Pepperdine reserves the sole right to review, accept or deny any application for any or no reason.
- G. I understand that the Pepperdine review committee is released of any liability for the feedback and review conducted of my site application. Their reviews are conducted for the purpose of the practicum program and will not be used beyond the scope of the practicum program.

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Executive or Clinical Director (please print)

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Date

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Executive or Clinical Director (Signature)

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Agency Name

\*\* Please attach a job description to this application