

**PEPPERDINE UNIVERSITY**  
**GRADUATE SCHOOL OF EDUCATION AND PSYCHOLOGY**  
M.S. Behavioral Psychology BCBA Supervisor Application

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Thank you for your interest in becoming a Pepperdine approved practicum site supervisor 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)).

Potential supervisors are required to have been a BCBA for at least one year and to have completed the supervision training requirements outlined by the BACB®: (1) 8-hour supervision training and (2) BACB® module on experience standards ([www.bacb.com](http://www.bacb.com)).

Our program review committee will review your application, and you will receive an email informing you as to whether you have been approved or denied. Please email your application to our Program Administrator, Tiffany Wright ([tiffany.wright2@pepperdine.edu](mailto:tiffany.wright2@pepperdine.edu)).

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M.S. Behavioral Psychology Practicum Site Application

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(Please print information)

Name: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Email address: \_\_\_\_\_

Work phone: (     ) \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

Bachelor's degree major: \_\_\_\_\_ University: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Master's degree major: \_\_\_\_\_ University: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Other degrees/major: \_\_\_\_\_ University: \_\_\_\_\_ Grad Year: \_\_\_\_\_

BACB® certification number: \_\_\_\_\_ Issue date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Have you ever provided BCBA supervision?  Yes  No     How long? \_\_\_\_\_

Other professional licenses or certifications: \_\_\_\_\_

Other than English, what languages do you speak?: \_\_\_\_\_

Could you provide services in that language?    Yes  No

Practicum site at which you will provide supervision \*Site applications must be completed and approved): \_\_\_\_\_

Current position title: \_\_\_\_\_ Years experience in ABA \_\_\_\_\_

**I. Clinical and Supervision Background**

A. What populations have you worked with using ABA-based intervention for at least 6 months? (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Infants               | <input type="checkbox"/> Autism                               |
| <input type="checkbox"/> Toddlers              | <input type="checkbox"/> Developmental disabilities           |
| <input type="checkbox"/> Pre-school age        | <input type="checkbox"/> Emotional disturbance/mental illness |
| <input type="checkbox"/> Elementary school age | <input type="checkbox"/> Typically developing                 |
| <input type="checkbox"/> Middle school age     | <input type="checkbox"/> Organizational behavior management   |

- High school age
- Adults
- Seniors
- Other\_\_\_\_\_ (specify)

B. In what settings have you used ABA-based intervention for at least 6 months? (check all that apply):

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

C. What settings would you be providing BCBA supervision in? (check all that apply)

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

D. During what days and hours are you available to provide supervision?

E. In which cities would you be able to provide supervision?

F. Why are you interested in supervising Pepperdine practicum students?

G. What are your areas of expertise within ABA?

H. Any other information you'd like to tell us that would facilitate assessment of your qualifications to provide supervision to Pepperdine students?

## II. Attachments

Please attach the following documents to your application:

- Curriculum vitae
- Sample of a functional behavior assessment you've written
- Sample of a behavior intervention plan you've written

## III. 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 agree to provide **individual** supervision **once per week** for **5%** of the experience hours accrued each week by the supervisee. When the practicum Pepperdine course is not occurring (holidays and breaks between terms), I will do my best to provide (or find another BCBA at my agency to help me provide) supervision **twice per week** for **10% (can be 50% individual and 50% group supervision)** 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 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 with you. Pepperdine reserves the sole right to review, accept or deny any application for any or no reason.
- F. I understand that the Pepperdine review committee is released of any liability for the feedback and review conducted of my supervisor application. Their reviews

are conducted for the purpose of the practicum program and will not be used beyond the scope of the practicum program.

Site Supervisor (Print): \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_