

ABCway

Please complete and submit the following application, to abelt@abcwayllc.com.
Thank you for your interest in ABC Way LLC!

First Name

Last Name

Address

City

State

Zip code

E-mail

Cell phone number

Home phone number

What level of certification are you pursuing?

- Board Certified assistant Behavior Analyst (BCaBA)
- Board Certified Behavior Analyst (BCBA)

Have you reviewed the BACB standards for independent fieldwork?

- Yes
- No

Current placement:

- ABA Agency – Home setting
- ABA Agency – Clinic setting
- School
- Other: _____

Do you currently have a supervisor for your independent fieldwork experience?

- Yes
- No

If you have already begun to accumulate hours, how many direct and indirect hours have you accumulated?

Have you begun ABA coursework?

- Yes
- No

Do you have the following tools?

- Computer with internet connection
- Webcam –for individual and group meetings
- Camera (smartphone, camera, webcam) – to record your work
- Consent of fieldwork supervisor/administrator
- Consent of client (and/or parent/legal guardian)

What are your areas of interest in the field of ABA?

What are your career goals?

Why are you pursuing board certification?

What are you looking for in a supervisor?

Please fill in your current availability in the table below:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00 am					
9:00-10:00 am					
10:00-11:00 am					
11:00-12:00 am					
12:00-1:00 pm					
1:00-2:00 pm					
2:00-3:00 pm					
3:00-4:00 pm					
4:00-5:00 pm					
5:00-6:00 pm					