

Anderson Center for Autism

Post-Graduate Fellowship in Applied Behavior Analysis

Anderson Center for Autism is committed to quality of life enhancement and LIFE LONG LEARNINGSM opportunities for individuals living with autism. Our behavioral health services features talented professionals who through rigorous, evidence-based strategies, promote optimal development across the lifespan.

Fellowship components:

- Offered by Anderson Center for Autism, a leader in the field of autism spectrum disorders
- Meets Behavior Analysis Certification Board (BACB) supervision requirements
- Board Certified Behavior Analysts (BCBA) coursework costs (Track Two) are covered by ACA
- Competitive stipend for each year of the fellowship
- Clinical experience across the home, school and community settings

The Fellowship is administered by a licensed, PhD. Psychologist, with formal supervision provided to Fellows by certified Behavior Analysts as well as other qualified professionals.

TRACK ONE: BCBA SUPERVISION ONLY

Candidates must have:

- Master's Degree in behavior analysis or other natural science, education, human services, engineering, medicine or a field related to behavior analysis and approved by the Behavior Analyst Certification Board (BACB)
- Completed the BACB course requirements to sit for the Certification exam.

TRACK TWO: BCBA COURSEWORK AND SUPERVISION

Candidates must have:

- Master's Degree in behavior analysis or other natural science, education, human services, engineering, medicine or a field related to behavior analysis and approved by the Behavior Analysis certification Board (BACB)

For more information regarding the internship process and/or an application, contact us at 845/889-9554 or via email at Fellowship@ACenterforAutism.org.



Anderson Center for Autism

Registering for

Track One

Track Two

Complete applications should include a resume, short bio, related certification documentation, and registration form. This form must be printed, completed and returned via fax at 845.889.9854 or emailed to Fellowship@ACenterforAutism.org

NAME

ADDRESS

CITY/ST/ZIP

TELEPHONE

E-MAIL

HIGHEST DEGREE EARNED

NAME OF COLLEGE/UNIVERSITY

YEAR OF GRADUATION

CERTIFICATIONS RECEIVED

POST-MASTER'S YEARS OF EXPERIENCE

CURRENT POSITION AND AGENCY AFFILIATION

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www.AndersonCenterforAutism.org