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Qualified User Application

Directions: This form is in Adobe Acrobat (PDF) format. You will need to print out this form, then complete it by hand. Leave any sections that do not apply blank.

Once you have completed it....

- ✓ **Fax it to Us:** After you complete the form, you may print it out then fax it to us at (818) 530-4123.
- ✓ **Do you prefer to fill out the form on your computer then print it?** Go back to the link where you obtained this form and choose “**Word Document.**” Or, you may fill out the form online just by clicking the appropriate button.

Questions? Call us at (818) 788-2100 option 3.

We will review your application and send your application approval information or an explanation why it was not approved within 24 hours. Be sure to look up the Qualified User Criteria on our website at www.behaviortech.net.

Salutation (Ms., Mr., Dr., etc)	<input type="text"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
School District or Business Name	<input type="text"/>
Business Street Address1	<input type="text"/>
Business Street Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Business Phone 1 (enter as 123-456-7890)	<input type="text"/>
Business Phone 1 Extension	<input type="text"/>
Business Phone 2 (enter as 123-456-7890)	<input type="text"/>
Business Phone 2 Extension	<input type="text"/>
Email Address	<input type="text"/>

Retype Email Address

Work Fax Number (enter as 123-456-7890)

What is your license or certification number?

What type of license or certification you currently hold?

Your Professional Title/Position

Select your profession (or use the other category below)

- | | |
|--|---|
| <input type="radio"/> Administrator | <input type="radio"/> Educational Psychologist |
| <input type="radio"/> Behavior Specialist | <input type="radio"/> Psychiatrist |
| <input type="radio"/> BICM | <input type="radio"/> Psychologist |
| <input type="radio"/> Certified Behavior Analyst | <input type="radio"/> School Psychologist |
| <input type="radio"/> Clinical Psychologist | <input type="radio"/> Special Education Teacher |
| <input type="radio"/> Counseling Psychologist | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Counselor | |

If you selected other, please specify:

Highest Degree earned

- | | |
|-----------------------------|--|
| <input type="radio"/> B.A. | <input type="radio"/> Ph.D. |
| <input type="radio"/> B.S. | <input type="radio"/> Psy.D. |
| <input type="radio"/> M.A. | <input type="radio"/> Ed.D. |
| <input type="radio"/> M.S. | <input type="radio"/> M.D. |
| <input type="radio"/> M.Ed. | <input type="radio"/> Other (please specify) |

If you selected other, please specify:

Where did you obtain your undergraduate degree? (must be from an accredited 4-year college or university)

What was your major at the undergraduate level? (must be in Psychology, Counseling, Education, Applied Behavior Analysis or a closely related field if not currently licensed or certified)

Which of the following organizations do you hold a current non-student membership? (check all that apply)

- American Psychological Association (APA)
- National Association of School Psychologists (NASP)

- California Association of School Psychologists (CASP)
- Association for Behavioral and Cognitive Therapies (formerly AABT)
- Association for Behavior Analysis (ABA)
- California Association for Behavior Analysis (CAL-ABA)
- Other Organizations listed below

Other Organizations (put commas between organization names)

In what state are you licensed or certified? (If more than one, just choose any state. If you are not licensed/certified, just leave blank)

Did you complete coursework in Psychometrics and Measurement Theory, Educational Statistics, Test Interpretation, or a closely related area?

- Yes No

Do you have at least 2 years of experience conducting ethical and competent functional assessments and developing positive behavior intervention plans?

- Yes No

Briefly please document your experience in conducting functional assessments and/or developing positive behavior intervention plans.

If you agree with this statement, please type "I AGREE" (in all uppercase letters)

Please rate how you found this application process

- Very easy
- Easy
- Neither easy nor hard
- Hard
- Very Hard

How many minutes did it take you to complete this application?

- 1 5 9 13
- 2 6 10 14
- 3 7 11 15
- 4 8 12 More than 15 minutes

Comments

Thank you for taking the time to complete this application

BehaviorTech Solutions Support