

BEHAVIOUR SCIENCE PROGRAM

ONTARIO POST-GRADUATE CERTIFICATE PROGRAM

Specializing in Applied Behaviour Analysis & Positive Behaviour Supports

ADMISSION APPLICATION FORM

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

AGENCY / BOARD: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PROGRAM REQUIREMENTS

To be accepted into this Program, the applicant must meet both educational and experiential criteria:

- A Developmental Services Worker Diploma, or a Diploma in a related field, or a degree in a related field

PLUS

- Work or volunteer experience with people with developmental disabilities or being a family member of an individual with a developmental disability

Proof of these must be submitted / attached with this application.

COURSE SEQUENCES

I am applying for the following course sequence(s) if available:

1 year option (starting in Fall semester / September start):

6 month option (starting in Spring semester / March start):

Website Link: <http://www.humber.ca/continuingeducation/program/behavioural-science>

EDUCATIONAL HISTORY

Please list the degrees or diplomas which you have completed, the name of the educational institution, and date of completion.

You are required to attach copies of your diplomas and degrees to this application. Official transcripts are NOT required; a photocopy is acceptable. If you are a graduate of Humber, you do not need to attach proof of your Humber education.

Degree / Diploma	School	Date Completed

NON-CREDIT TRAINING & EDUCATION

Describe any other non-credit training or education in which you have participated which is related to the Behaviour Science Program such as behaviour strategies, dual diagnosis, psychology, etc. Attach any related documentation such as flyers, brochures, certificates, etc.

WORK EXPERIENCE

Please list the jobs you have held working with people who have developmental disabilities and other complex needs (e.g., dual diagnosis), starting with your current employment.

You are required to attach a letter from your employer to this application which verifies your most recent employment in the developmental services field or a related field.

Position	Agency	Date (Started & Finished)

VOLUNTEER EXPERIENCE

Please list your volunteer experience with individuals with developmental disabilities, starting with your most recent experience. This includes student placements.

*You are required to attach a letter to this application from the organization verifying at least one of your volunteer positions if you are not employed in the developmental services field or a related field.

Position	Agency	Date (Started & Finished)

FAMILY EXPERIENCE

Please briefly describe your experiences with an individual with a developmental disability who is a member of your family.

ADDITIONAL INFORMATION

Please briefly describe any other information that may be pertinent to your application:

HUMBER COLLEGE STUDENTS / GRADUATES

I am a DSW (Humber College) graduate:

I am a DSW (Humber College) student in my third year:

I am a CYC (Humber College) graduate:

I am a CYC (Humber College) student in my third year:

APPLICATION CHECKLIST:

Before submitting your application package please make sure you have included all of the application items using the checklist below.

- Copy of Degree or Diploma
- Copy of transcripts (Official transcripts are not required; a photocopy is accepted)
- Volunteer/Work letter on agency letterhead specifying experience in the field.
- Proof of non-credit training and education including certificate or related documentation.
- International Degree Assessments- Comparative Education Service (CES) or World Education Services (WES) documentation.
- Completed application form

Please Note: Incomplete applications will not be reviewed if submitted after the deadline.

I hereby acknowledge that by writing, typing, scanning or digitally signing my signature below that the information in this application is correct to the best of my knowledge.

Signature of Applicant:

Date:

Please see instructions below on how to forward your completed application. Click on the Coordinator's email link to send your application via email with all required attachments.

INTERNAL USE ONLY

Applicant is accepted:

Applicant is not accepted for the following reason(s):

Signature of Faculty:

Date:

The information on this application will be utilized to determine your eligibility to the Behaviour Science Program. It will be retained in the office of the Program Coordinator in a locked storage unit. This information will be made available to staff at Humber who are responsible for the administration of the Behaviour Science Program.

Please return this form and all attachments by mail or email to:

John Kosmopoulos, M.A., BCBA
Coordinator / Professor
Behaviour Science (ABA) Program
Humber College Institute of Technology and Advanced Learning
Cottage E (E203)
3199 Lake Shore Blvd. W.
Toronto, Ontario, M8V 1K8

Send To: john.kosmopoulos@humber.ca

Website Link: <http://www.humber.ca/continuingeducation/program/behavioural-science>