



40 Avon Street
Keene, New Hampshire 03431-3516
www.antiochne.edu admissions@antiochne.edu
800.552.8380 Fax: 603.357.0718



Center for Autism Spectrum Disorders Admissions Instructions

AUTISM SPECTRUM DISORDERS CERTIFICATE (ASD) APPLIED BEHAVIOR ANALYSIS CERTIFICATE (ABA)

TO APPLY FOR THE PROGRAMS

Applications are accepted and reviewed on a rolling basis until the programs are filled.

The application deadlines are May 1 for ABA and July 1 for ASD.

To be considered for admission, please submit the following materials to
Office of Admissions, Antioch University New England, 40 Avon Street, Keene, NH 03431-3516.

- Application
- Current Résumé
- Personal Statement
- Official transcripts for undergraduate
and graduate study
- Two letters of recommendation
- \$50 application fee

Once your application is received, you will be contacted for an interview.



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For Admissions Office:

APPL. INFO: ACTION:
 Rec'd date Ini. Adm. Off.
 Fee paid (amt.) Date
 cash DEPOSIT:
 check Date Due
 Date Paid

**Center for Autism Spectrum Disorders
 Application**

**AUTISM SPECTRUM DISORDERS CERTIFICATE (ASD)
 APPLIED BEHAVIOR ANALYSIS CERTIFICATE (ABA)**

Please type or print clearly

I am applying to

- ASD Fall 2010 Fall 2011
 ABA without Internship Summer 2010 Summer 2011
 ABA with Internship Summer 2010 Summer 2011

PERSONAL INFORMATION

Name _____
last first middle
 Address _____
street city state zip
 Phone (home) _____ (work) _____ (cell) _____
area code and number area code and number area code and number
 Date of birth _____ Sex _____ Age _____ Place of birth _____
City, State, and Country
 Email _____

*Ethnicity African-American Asian/Pacific Islands Hispanic and other Spanish speaking
 Native American White, European American, Caucasian Other (specify) _____
**Optional. We are required to ask for Federal reporting purposes only.*

Social Security Number _____

U.S. Citizen? Yes No If no, country of citizenship: _____

Are you a permanent resident? Yes No Will you require a visa to study in the U.S.? Yes No

Have you previously applied for or attended any Antioch New England programs? Yes No When? _____

How did you learn about Antioch University New England? _____

PROFESSIONAL AND WORK EXPERIENCE

Current employer _____ How long? _____

Address _____ Phone _____

Your title/Description of duties _____

EDUCATION

Include every school, all courses and degrees, undergraduate and graduate. Include a separate sheet if more space is needed. Please include any other education, professional development training, etc. on résumé, to be submitted with Application. **If transcripts will be submitted under different name(s), please indicate.** _____

College or University _____

City and State _____ Dates attended _____

Major/Concentration _____ Degree _____ Credits earned _____

College or University _____

City and State _____ Dates attended _____

Major/Concentration _____ Degree _____ Credits earned _____

PERSONAL STATEMENT

In assessing your candidacy, it is important for us to see a demonstration of written competency, evidence of self-directed learning, and an articulation of your professional and educational goals. In short, in a two-to three-page personal statement, please explain your reasons for wanting to apply to this certificate program at this time. Personal statements should be typed, double-spaced, and attached to your application.

In this essay, please focus on the following areas:

1. What have been your most significant learning experiences? Please provide some examples.
2. What is your learning style, and how do you go about solving problems?
3. Why are you considering coming to Antioch University New England at this time in your life? What do you hope to get from the experience professionally and personally? What do you have to contribute to Antioch New England and to your field?

RECOMMENDATIONS

Two professional references are required. Please use the recommendation forms provided.

Please be advised that there are certain limitations imposed on those in the mental health profession. After admission, in the process of applying for liability insurance, practica, internships, employment, or licensure, students and/or representatives of the Department of Applied Psychology may be asked to provide information about any criminal history. For example, anyone with a felony conviction may be unable to obtain certain practica, internships, jobs and/or licensure.

I have read this statement in full and I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that all the materials submitted become the property of Antioch University New England and are used for admissions and for department files. I also understand that no application materials will be returned to me or transferred to a third party. An application will not be processed without the signature of the applicant.

Applicant's signature _____ Date _____

APPLICATION INSTRUCTIONS

Please mail this application and a fee of \$50 to:

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**Center for Autism Spectrum Disorders
Recommendation**

**AUTISM SPECTRUM DISORDERS CERTIFICATE (ASD)
APPLIED BEHAVIOR ANALYSIS CERTIFICATE (ABA)**

Applicant's name _____

Entry date _____

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, registered students are given the right to see all references submitted with an application for admission, unless the right to such access has been waived by the statement below. Recommendation letters received by the Admissions Office without the signature of the applicant will be considered confidential.

I hereby Waive Do not waive my right to see this letter of reference.

If you do not waive your right to see this letter of reference, it will be available in the Office of Admissions for three months after your matriculation.

Signature of applicant _____

Name of Recommender (please type or print clearly) _____

To the Recommender:

The above named individual is being considered for admission to Antioch University New England. Our primary purpose is to provide a personalized, high-quality education based on the integration of work and study. The programs provide graduate training in preparation for professional employment.

Please refer to the back of this form for recommendation guidelines.

Antioch University New England seeks those who hold promise of integrated achievement involving both theory and practice. We are particularly interested in having you address the following in your letter:

1. Knowledge of the person, including how long you have known the applicant and under what circumstances
2. The applicant's academic skills, including written and oral English, analytical and critical thinking, and knowledge of her/his proposed field of study
3. Professional promise, including maturity, self-confidence, and leadership potential
4. Interpersonal style, including capacity for listening, empathy, and being a team player

Please note that we find candid assessments of both the applicant's strengths and areas for improvement to be most helpful. Please attach a letter to this form.

Please return this recommendation form with letter attached in an envelope signed across the seal. Letters may be sent to the applicant for mailing with other application materials to Antioch University New England or directly to the Office of Admissions. Thank you.

Name of Recommender _____

Address _____

Position _____ Organization _____

Relationship to applicant (e.g., supervisor, teacher, colleague) _____

How many years have you known the applicant? _____

Signature of Recommender _____ Date _____

Please feel free to research Antioch University New England programs at www.antiochne.edu.

Please check appropriate box if you would also like to receive printed information about Antioch University New England.

Master's Programs

Doctoral Program in Clinical Psychology Environmental Studies Marriage and Family Therapy
