

# GRANT APPLICATION

## BCBA Coursework at Clemson University

**Application Deadline: Sept. 5, 2025, 11:59 p.m.**

**Final Selections Announced:  
Sept. 15, 2025**

Submit applications to:  
E-mail: [CBA@clemson.edu](mailto:CBA@clemson.edu)

Electronic signatures accepted

For more information, visit <https://msp.scdhhs.gov/autism/> or  
contact: Office of Behavioral Health  
South Carolina Department of Health and Human  
Services 1801 Main Street  
Columbia, SC 29201  
[autism@scdhhs.gov](mailto:autism@scdhhs.gov)



# **BCBA Coursework and Supervised Fieldwork at Clemson University**

## **Grant Application**

The BCBA®/BCaBA® Coursework at Clemson University is a grant opportunity offered through a partnership between the Clemson University Center for Behavior Analysis and the South Carolina Department of Health and Human Services (SCDHHS) that provides funding for qualified applicants to complete coursework in a Behavior Analysis certificate program toward meeting credentialing eligibility requirements as specified by the [Behavior Analyst Certification Board, Inc.](#)® (BACB®) to become either a BCBA® or BCaBA®. Selected individuals will have the opportunity to complete eight (8) remote learning courses in a non-degree credit granting certificate course sequence recognized by the BACB® as meeting the coursework eligibility requirements to become credentialed by the BACB®.

Applicants must have a bachelor's, master's or doctoral degree, and be in a position to actively and consistently obtain their Independent Fieldwork Supervision hours. Applicants who are not able to satisfy both the degree and fieldwork requirements will not be considered. Applicants must submit a completed application with a copy of his/her highest degree achieved and indicate on the application how and where the Fieldwork hours will be completed. Applicants must also participate in a scheduled phone interview prior to being selected or enrolled into the program.

Please see Attachment A for a detailed explanation of the BCBA grant application process. To learn more about certification in Behavior Analysis, visit the BACB website at <https://www.BACB.com>.

Below are the grant requirements and expectations for the BCBA Coursework at Clemson University. Failure to comply with these terms will result in the applicant's termination from the grant program and reimbursement from the applicant for all funds awarded.

### **Conditions for Participation:**

- Applicant must achieve a grade of "A" or "B" in each course funded by this program.
- A grade of "C" or lower in any course will result in immediate dismissal from the program.
- Student will be responsible for completing Supervised Fieldwork in accordance with the standards and requirements established by the Behavior Analysis Certification Board, Inc.® for the level of credential they are pursuing.
- Student will be responsible for identifying and securing his or her own supervisor who must be an existing BCBA® and is eligible to perform Fieldwork Supervision for the purposes of credentialing.

- Supervised Fieldwork cannot begin until after the course sequence has started but should begin as soon as possible thereafter.
- If Student fails to achieve the grades set out above or is otherwise dismissed from the course sequence by the Clemson CBA, the student will forfeit their slot provided under the grant contract and shall reimburse SCDHHS an amount equal to the cost of the slot.
- Such amount shall be due and payable to SCDHHS within thirty (30) days after dismissal from the program.
- If Student withdraws from a course or cohort, Student shall reimburse SCDHHS an amount equal to the slot for which they were provided in which Student enrolled as part of this program. Such amount shall be due and payable to SCDHHS within thirty (30) days after withdrawing from the program.
- Each applicant who receives a Notice of Award must enter into a contract with SCDHHS for participation in the program.
- Each applicant who receives a Notice of Award must meet the standard Clemson University enrollment requirements prior to contract execution.
- In the event Student does not comply with the Post Course Completion Requirements, Student shall reimburse SCDHHS an amount equal to the slot for which they were provided. Such amount shall be due and payable to SCDHHS within thirty (30) days of identification of noncompliance with the Post Course Completion Requirements.

**I have read and understand the requirements listed and agree to abide by the terms of this program if selected.**

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**Signature**

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**Date**

## DEMOGRAPHICS

The Autism Spectrum Disorder (ASD) State Plan initiative seeks South Carolina residents interested in pursuing their BCBA certification. The focus of the project is to increase the number of Applied Behavior Analysis (ABA) providers enrolled with the South Carolina Medicaid Program, which helps increase beneficiary access to care for ABA ASD State Plan services provided by BCBAs.

**1. Please provide the following information:**

Name:

Street Address:

City, State, Zip Code:

County:

Phone Number:

E-mail:

**2. Are you enrolled as an Applied Behavior Analysis provider with SC Medicaid?**

☐ Yes

☐ No

**3. Please include the name, physical address, phone number, and email of your current employer and/or how you anticipate meeting the supervised fieldwork requirements.**

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**4. Please check all duties below that you currently perform or can perform at your place of employment:**

- ☐ Conduct assessments
- ☐ Design, implement, and systematically monitor skill-acquisition and behavior-reduction programs
- ☐ Write behavior/treatment plans, progress summaries, clinical notes, transition summaries, and professional correspondence
- ☐ Oversee the implementation of behavior-analytic programs by others
- ☐ Train others, design behavioral systems and performance management
- ☐ Communicate and collaborate effectively with caregivers and other professionals

**5. What is your highest degree achieved?**

- ☐ Bachelor's  
☐ Master's  
☐ Doctorate

Reminder: You MUST provide documentation of the highest degree achieved with this application.

**6. Are you currently enrolled in a graduate degree program?**

- ☐ Yes  
☐ No

**7. If yes to 7, please include the type of program, institution, and estimated date of completion:**

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**8. Was/Is your Grade Point Average 3.0 or higher in the program for which you are using toward credentialing qualification?**

- ☐ Yes  
☐ No

**9. Are you currently working as a Registered Behavior Technician® or providing Applied Behavior Analysis (ABA) therapy?**

- ☐ Yes  
☐ No

**10. If yes to 10: What percentage of your patient population receives Medicaid?**

- ☐ Between 0 – 25% of patients  
☐ Between 26 – 50% of patients  
☐ Between 51 - 75% of patients  
☐ Over 76% of patients

**11. Describe your interest in obtaining an advanced certification in behavior analysis and how you plan to utilize the certification. This answer may be provided on a separate page.**

Application Completed by: \_\_\_\_\_  
(Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Evaluation Criteria in Order of Importance:**

1. Participation in telephone interview
2. Medicaid provider enrollment status
3. Highest degree achieved
4. Academic performance
5. Place of employment
6. Current job responsibilities/capabilities
7. Enrollment status in graduate program
8. Currently providing ABA
9. Location

All terms and conditions as outlined in the Application and Attachment A must be met for consideration.

**Required: Must possess a bachelor's, master's, or doctoral degree prior to applying and must be able to satisfy the Supervised Fieldwork requirements.**

## **ATTACHMENT A TERMS AND CONDITIONS**

### **Eligibility**

Applicants must possess a bachelor's, master's or doctoral degree prior to applying for the grant program and must agree to all of the Requirements of Participation as set forth in the Grant Application and incorporated herein.

### **Funding Restrictions**

This program shall not be utilized for funding capital projects or to replace lost funding. Funds from this grant program shall not be used for land purchases; cost of buildings or facilities; bad debts; cost of life insurance when the grantee is the beneficiary; late payment charges, including penalties and fines; contingency funds; contributions; entertainment; fines and penalties; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property of other capital; legal fees; or organizational promotional expenses or other expenditures specified in OMB circular A-87.

Expenses that directly promote the initiative or program may be allowable, but subject to review and approval by SCDHHS.

### **Grant Proposal Constitutes Offer**

By submitting a Grant Proposal, the applicant (i) certifies that all information is true and correct and (ii) agrees to be governed by the terms and conditions described in this document, except where a subsequent contract resulting from this Grant Application Request (GAR) supersedes the language provided herein.

### **Notice of Award**

Each applicant will be notified by letter after all Grant Proposals have been evaluated and funding has been allocated.

### **Amendments**

If it becomes necessary to revise any part of the GAR, all amendments will be provided to all applicants. Any individual or specific comments or discussions relative to this solicitation cannot add, delete, or modify any written provision. Any alterations must be in the form of a written amendment to all applicants.

### **Receipt of Grant Proposal**

The Grant Proposal must be submitted no later than Sept. 5, 2025, by 11:59 p.m. ET. Submissions must be sent via email to [CBA@clemsun.edu](mailto:CBA@clemsun.edu) with the subject line, "BCBA Grant Application." Electronic signatures will be accepted in lieu of a wet ink signature. Grant Proposals failing to follow the rules of submission will be disqualified from consideration.

It is the Applicant's responsibility to ensure timely receipt of their Grant Proposals by the deadline. No extensions will be allowed. Any Grant Proposals received after the deadline will be disqualified from consideration. Postmarks will not be considered as evidence of timely submission.

### **Political Activity**

The Grantee agrees none of the funds provided under this Grant Agreement shall be used for any partisan political activity, or to further the election or defeat of any candidate for political office.

**Right of Rejection**

SCDHHS reserves the right to accept or reject any or all grant proposals received, to negotiate with qualified applicants, and to cancel, in part or in whole, this GAR if it is in the best interest of SCDHHS. It is the sole decision of SCDHHS or agents acting on behalf of SCDHHS to make the determination as to whether an applicant's Grant Proposal meets the requirements of this GAR.