

**ATTACHMENT 4A-1  
LETTER OF NOTIFICATION – 1**

**NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION  
OR ORGANIZATIONAL UNIT**

(No change in curriculum, emphasis, or organizational structure)

1. Institution submitting request: **University of Arkansas**
2. Contact person/title: **Dr. Sharon L. Gaber, Provost**
3. Phone number/e-mail address: **479.575.5459  
sgaber@uark.edu**
4. Proposed effective date: **Fall 2012**
5. Current title of degree/certificate program: **Post Master Certificate in Applied Behavior Analysis**
6. Current title of major or option:
7. Current title of organizational unit: **College of Education and Health Professions**
8. Proposed name of certificate/degree: **Graduate Certificate in Applied Behavior Analysis**
9. Proposed name of major or option:
10. Proposed name of organizational unit:
11. CIP Code: **13.1013**
12. Degree Code:
13. Reason for proposed action: **The request that the certificate program be changed from a post master's program to a graduate certificate program that could be taken during the master degree or as part of a free standing graduate certificate is a result of the numerous inquiries of persons seeking the master degree with the certificate in ABA. The need for BCBA professionals is great and continues to grow. There is no other program in the state for persons seeking training for the BCBA credential. A change in the admission requirement will allow more persons to complete the program in a shorter time period (as with a MEd) and not in addition to the MEd.**

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date: