

BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

TYPE 2 (APPROVED) CONTINUING EDUCATION (ACE) PROVIDER

ORGANIZATION APPLICATION

NAME OF ORGANIZATION:

NAME OF PROPOSED ACE COORDINATOR FOR ORGANIZATION:

last first middle

ADDRESS OF PROPOSED ACE COORDINATOR:

Street/suite# city state/province country zip/postal code

PHONE: work (____) _____ - _____ x ____ home (____) _____ - _____

EMAIL ADDRESS OF PROPOSED ACE COORDINATOR: **IMPORTANT - PRIMARY COMMUNICATION MODE WITH BACB** (1 letter per line)

- Curriculum vitae of proposed ACE Coordinator is attached
- Sample Type 2 CE syllabus is attached
- \$200.00 application fee made out to Behavior Analyst Certification Board is enclosed

MAIL APPLICATION TO:
BACB c/o PTI
1705 Metropolitan Blvd., Ste. 102
Tallahassee, Florida 32308

Providers MUST be approved by the BACB prior to offering any events for Type 2 continuing education. The BACB suggests that providers apply well in advance of the first event they wish to offer.

All Type 2 continuing education (ACE) provider applicants MUST agree to the following terms and conditions. The BACB will not review any application that does not include a signature of agreement to all of the terms and conditions. Any violation of these terms and conditions WILL result in immediate termination of provider status.

1. BACB ACE providers may only represent that they are "BACB approved continuing education providers." The BACB forbids any other representations. BACB ACE providers may not suggest or imply in any advertisements of their ACE events that the BACB warrants, endorses, sponsors, or is otherwise affiliated with (1) the continuing education event; (2) the organization offering or sponsoring the event; or (3) the instructor of the event.

2. BACB ACE providers must ensure that all events offered for Type 2 (approved) continuing education are consistent with all BACB Type 2 CE standards, criteria, and policies, and that the events accurately portray the BACB standards, criteria, and policies.

3. Prospective BACB ACE providers must not provide confidential information during the application process. Information provided in this application may be disclosed to third parties, including, but not limited to, state and federal agents or agencies requesting such information.

4. BACB ACE providers are responsible for ensuring that all ACE events comply with applicable laws, including facility licensure requirements and Americans with Disabilities Act (or similar laws outside the United States) accommodation requirements.

5. By signing below, the BACB ACE provider applicant affirms and represents that the information provided in this application and any attachments hereto is true and accurate. The applicant agrees to be bound by all BACB standards and requirements for ACE providers, as may be revised. The applicant agrees to indemnify and hold harmless the BACB, its directors, officers, employees, agents and volunteers from and against any and all liability (including court costs and attorney's fees) that may arise from the BACB's agreement to process this application for approved continuing education providers and any decisions or actions relating to this application, including, but not limited to, approval decisions, renewal actions and decisions, denials of approved status, and the issuance of sanctions regarding approval status.

AGREED:

Signed Name of Proposed ACE Coordinator

Date

Printed Name

Title

BACB Certificant Number of Proposed ACE Coordinator