



Application for a Renewal of a Type 2 Approved Continuing Education Provider

Version 2/2017

PROVIDER NAME: _____

PROVIDER NUMBER: _____ PROVIDER TYPE: _____ Organization _____ Individual

IF ORGANIZATION PROVIDER, NAME OF ACE COORDINATOR: _____

EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____

_____ Summary of events is attached

_____ \$100 (organization) **OR** \$50 (individual) application fee has been paid

_____ ACE Provider training module has been completed

INSTRUCTIONS

ACE renewal applications will not be processed until the ACE provider training module has been completed.

To access the ACE provider training module and request an invoice for your application fee, please contact ACE@bacb.com from the email address listed above. Once the module is completed and payment has been submitted to your BACB Gateway account, you may submit this application as a single PDF to ACE@bacb.com. Should payment via check be required, please request instructions form ACE@bacb.com.

SUMMARY OF EVENTS

Have you offered events for Type 2 CE in the past 12 months? _____ Yes _____ No

If yes, use the form on the next page to summarize the events offered, making as many copies as necessary.

MANDATORY ATTESTATION

By signing, you acknowledge and affirm that: (1) you have carefully read and understand the BACB ACE Handbook; (2) all BACB Approved Continuing Education events you provided during the past year comported with those requirements and guidelines; (3) if this renewal application is approved by the BACB, you agree to abide by those requirements and guidelines during the coming year; and (4) the information you have provided in this application and any additional documentation attached is true and correct to the best of your knowledge.

SIGNATURE

DATE

Note: if you do not submit your renewal application before your expiration date and wish to regain your status as an ACE provider, you will need to file an appeal with appeals@bacb.com. If your appeal is successful, an additional late fee of \$100 will be required in addition to the renewal fees stated above.

Summary of Type 2 CE Events Since Your Last Renewal

(Or since initial application, if this is your first renewal)

Event Title	Event Level (basic/BCaBA, intermediate/junior BCBA, or advanced BCBA)	CE Instructor Name	Instructor Qualification (1, 2, or 3 - see p. 8 of the ACE handbook)	Date & Duration	Location	# of Participants Awarded CEUs	# of CEUs Per Participant	Date Certificates Awarded

Make additional copies as needed.