Authorized Continuing Education (ACE) Provider: Coordinator Change Application

This form should be completed by the individual who will be assuming the role of ACE Coordinator for the Organization Provider listed below. It should be submitted via the Contact Us Form.

Provider Information

Organization Provider Name: _____

ACE Provider Number: _____

Physical Mailing Address: _____

New Coordinator Information

Name:_____ BACB Certification #: _____

Email Address: _____ Phone Number: _____

Attestations and Agreements for ACE Coordinator

The Behavior Analyst Certification Board (BACB) agrees to process this application subject to your agreement to the following terms and conditions:

- I affirm that the information provided in this application is true and accurate.
- I affirm that I have read the ACE Provider Handbook in its entirety and agree to comply with all standards and requirements for ACE Providers.
- I affirm that I meet the requirements to serve as an ACE Coordinator as described in the ACE Provider Handbook.
- I affirm that I am employed by or have a contractual relationship with this organization.
- I affirm that I understand that I will be solely responsible for this ACE Provider's continuing education (CE) and professional development (PD) offerings.
- I affirm that I will personally review and be responsible for content provided by qualified instructors.
- I affirm that I will ensure that all ACE events are consistent with the standards described in the ACE Provider Handbook.
- I affirm that I will ensure that documentation and recordkeeping of all events will be completed in accordance with the BACB's requirements for ACE Providers as described in the ACE Provider Handbook.
- I affirm that I will retain (and provide to the BACB upon request) all documentation, as described in the ACE Provider Handbook.
- I agree to respond in a timely manner to all BACB communications regarding this ACE Provider and understand that failure to respond may result in suspension of ACE Provider status.
- I understand that noncompliance with ACE Provider requirements may result in suspension of ACE Provider status.
- I agree that the BACB may publish my name to the BACB's ACE Provider Verification Registry.
- I agree to hold the BACB harmless and to waive, release, and exonerate the BACB, its officers, directors, employees, committee members, and agents (referred to collectively as BACB personnel) from any claims that I may have against the BACB arising out of the BACB's review of this application. Except as may be found to contravene the law, I waive any right to assert a claim against the BACB where I am a representative or member of a class or representative action; further, should I be permitted by law or court of law to proceed with a class or representative action, I shall not be entitled to recover attorneys' fees. Additionally, I agree to refrain from subpoenaing the BACB and BACB personnel in any legal proceeding.

The terms of this agreement include and incorporate by reference the Terms of Use and Privacy Policy published on the BACB website. This agreement survives expiration of your ACE application and authorization. This agreement is governed by the laws of the state of Colorado. In the BACB's sole discretion, any disputes between you and the BACB must be resolved by binding, individual arbitration in Colorado with an arbitrator selected by mutual agreement of the parties, except as may be necessary for the BACB to obtain injunctive or other relief to protect the BACB's intellectual property rights. Arbitration, if applicable, will be governed by the Federal Arbitration Act and not by any state law concerning arbitration. In the event of a judgment against the BACB in a matter filed by or on behalf of you, you agree that damages or compensation awarded, payable, or due to you by the BACB may not exceed any fees you have paid to the BACB in association with submitting this application.

By signing, I agree to these attestations and to be bound by the terms stated above.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

This document must be signed in accordance with the Acceptable Signatures Policy.

Attestations and Agreements for Organizational Representative

- I affirm that I am a member of the organization's leadership or ownership team (e.g., chief executive officer, chief learning officer, chief clinical officer, board member).
- I affirm that this organization is incorporated, registered, or otherwise recognized as a legal entity.
- I affirm that this organization appoints the ACE Coordinator on this application to be responsible for this organization's ACE events.
- I affirm that this organization grants the ACE Coordinator full authority to manage the creating, updating, and removal of any ACE events in accordance with the ACE Provider Handbook requirements.
- I affirm that the ACE Coordinator is employed by or has a contractual relationship with this organization.
- I understand that our ACE Provider status may be suspended or revoked due to continued noncompliance by our ACE Coordinator(s).
- I understand that our ACE Provider status will expire if our ACE Coordinator fails to submit a renewal application on time and that we may no longer offer ACE events after that point.
- In the event our ACE Coordinator leaves the organization, I affirm that: (a) the ACE Coordinator can retain and maintain the ACE Provider documentation until a new ACE Coordinator is in place, (b) ACE events can no longer be offered until a new ACE Coordinator is in place, and (c) our ACE Provider status will be suspended until a new ACE Coordinator is approved by the BACB.
- I agree to hold the BACB harmless and to waive, release, and exonerate the BACB, its officers, directors, employees, committee members, and agents (referred to collectively as BACB personnel) from any claims that I may have against the BACB arising out of the BACB's review of this application. Except as may be found to contravene the law, I waive any right to assert a claim against the BACB where I am a representative or member of a class or representative action; further, should I be permitted by law or court of law to proceed with a class or representative action, I shall not be entitled to recover attorneys' fees. Additionally, I agree to refrain from subpoenaing the BACB and BACB personnel in any legal proceeding.

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By signing, I agree to these attestations and to be bound by the terms stated above.

PRINTED NAME: _____ POSITION: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

This document must be signed in accordance with the Acceptable Signatures Policy.