



Authorized Continuing Education (ACE) Provider: Initial Application for Individual Providers

Applicants must read the [ACE Provider Handbook](#) and agree to meet all requirements prior to applying to become an ACE Provider.

Instructions

- 1) Read the ACE Provider Handbook and contact the BACB with any questions via the [Contact Us Form](#).
- 2) Complete this application and submit it via the [Contact Us Form](#).
- 3) Pay the non-refundable processing fee (\$100 for Individual Providers) by either:
 - a) Paying via credit card. If you choose this payment option, BACB staff will send you information about how to pay the fee; OR
 - b) Sending a check to: Behavior Analyst Certification Board, 7950 Shaffer Parkway, Littleton, CO 80127 USA (please include the ACE Provider name on the check).
- 4) Wait up to 2 weeks from the date your completed application (including payment) is received.
- 5) After your application is reviewed, you will receive either an approval email or an email informing you of what is needed to continue processing your application.

Individual Provider Information

Individual ACE Provider Name: _____

Provider Website (if available): _____

Physical Mailing Address: _____

ACE Coordinator Information

Note: For an Individual Provider, this may be the same name as the ACE Provider.

Name: _____ BACB Certification #: _____

Email Address: _____ Phone Number: _____

Payment Type

☐ Credit Card ☐ Check

Attestations and Agreements

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 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 present all content.
- 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](#).