Pathway 2 Program Contact Change Request Form

Overview

This form must be completed and submitted to the BACB when there is a change to an existing Pathway 2 Program Contact.

Requirements for Pathway 2 Program Contact

To be a Pathway 2 Program Contact, the person must:

1. Hold an active BCBA or BCBA-D certification in good standing.
2. Hold a full-time faculty position in the department where the training program is housed at the qualifying institution. *Note:* You can have only one attestor for each program, but one contact person can be assigned to multiple programs.

Terms and Conditions

The educational institution's **Pathway 2 program** is subject to the following terms and conditions:

1. To be an authorized Pathway 2 program, the educational institution must: (a) comply with all applicable BACB policies and requirements; (b) comply with all applicable laws, rules, and regulations; (c) appoint a Pathway 2 Program Contact; and (d) provide appropriate assistance to the BACB regarding any application related to its Pathway 2 program.
2. The BACB has the discretion to audit a Pathway 2 program's coursework materials at any time. Pathway 2 programs selected for an audit must comply with all audit instructions and requirements and must supply the requested documentation. Failure to satisfy or comply with audit requirements may result in suspension or revocation of a program's eligibility to have a Pathway 2 Program Contact.
3. Pathway 2 programs grant the BACB a limited, non-exclusive, revocable license to use the program's organizational name for any purpose related to a Pathway 2 program's verification of an applicant's coursework or program pass-rate data.
4. Pathway 2 programs are subject to a limited, non-exclusive revocable license to state "Our program meets the behavior-analytic coursework requirements for those pursuing the [BCBA/BCaBA] Pathway 2 eligibility route" for the limited purpose of identifying itself as a Pathway 2 program for BACB certification.
5. The BACB may terminate a Pathway 2 program's authorization from the BACB by providing thirty (30) days' written notice of termination. Upon termination of authorization, all rights and licenses granted will terminate, including a Pathway 2 program's ability to conduct coursework verification activities for BACB certification or to use the BACB name with respect to any coursework verification activities. The BACB reserves the right to terminate authorization immediately if a Pathway 2 program breaches any of these terms and conditions or otherwise acts contrary to any applicable BACB policy or requirement.
6. By requesting authorization as a Pathway 2 program, an educational institution accepts and agrees to these terms and conditions, and as they may be amended by the BACB in the future.
7. To the extent permitted by applicable law, the BACB and the educational institution shall be responsible for the claims, losses, damages, liabilities, costs, and expenses arising from or attributable to its own negligent, wrongful, or unlawful acts or omissions in connection with the Pathway 2 Program.
8. These Terms may be amended at any time by the BACB upon written notice.

The **Pathway 2 Program Contact** is subject to the following terms and conditions:

1. Pathway 2 programs may only verify an applicant's coursework under the express authorization of the BACB.
2. Each Pathway 2 Program Contact agrees to cooperate with the BACB with full integrity in conducting any coursework verification activities and will attempt to resolve all disputes through good-faith discussions.

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Instructions

1. The new Pathway 2 Program Contact requester must complete their portions of this form in its entirety. A new form must be completed for each program.
2. The Pathway 2 Program Contact requester will provide this form to the College Dean or Department Chair/Head to complete their portions of the form in its entirety and return it to the Pathway 2 Program Contact. If the Pathway 2 Program Contact requester is the College Dean or Department Chair/Head, the required attestations must be completed by their direct supervisor or a higher-level official in the institution's reporting structure.
3. The Pathway 2 Program Contact requester must submit this form to the BACB via the University Faculty Contact Form using the email associated with their BACB account. This is important to ensure the authenticity of the attestation. Keep a copy of this completed form and supporting documentation.
4. Please allow 2 weeks for BACB processing and monitor your institution's email for communication regarding your request. Please note that the BACB may request additional information about your program in order to continue reviewing your request.

Pathway 2 Program Contact Information

	Current Pathway 2 Program Contact Information	New Pathway 2 Program Contact Information
Designated Program Contact Name		
Designated Program Contact BACB ID		

Institution Name: _____

Program Name: _____

Note: Entering the program name is for identification purposes only, any changes to the program name on this form will not be made into the Pathway 2 program records.

Attestations (to be completed by the requester)

By signing below, I, _____, hereby attest that:

- I understand that should the status of my certification or position at the qualifying institution no longer meet the requirements above, I will let the BACB know immediately and understand that the BACB will not accept future Pathway 2 attestations for the program until a replacement Pathway 2 Program Contact is in place.
- I understand that I must maintain my certification, full-time faculty employment in the department of the educational institution where the training program is housed, and accurate records with the BACB.
- I understand that I am responsible for reviewing an applicant's coursework in its entirety. As the Pathway 2 Program Contact, I will ensure that the Pathway 2 coursework requirements have been met through syllabi and transcript review and will retain documentation supporting this determination that may be requested by the BACB in the event of an audit. The BACB will rely on the information I provide in the application review process and when compiling the pass-rate data for my educational institution's training program.
- The information on this form is true and correct.

New Pathway 2 Program Contact

Email Address: _____

Printed Name: _____

Signature: _____

Date: _____
(MM/DD/YYYY)

Former Pathway 2 Program Contact (optional)

Email Address: _____

Printed Name: _____

Signature: _____

Date: _____
(MM/DD/YYYY)

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Attestations (to be completed by the College Dean or Department Chair/Head)

By signing below, I, _____, hereby attest that:

- I agree to the Terms and Conditions for educational institutions described on page 1.
- I confirm that the requested Pathway 2 Program Contact listed above for my educational institution's program is an active BCBA in good standing with the BACB. Information on certificants and their certification status may be found on the BACB Certificant Registry on the BACB website.
- As an authorized representative of the educational institution identified above, I confirm that the requested Pathway 2 Program Contact is currently a full-time faculty member at my educational institution in the department where the training program is housed.
- As an authorized representative of the educational institution, I confirm that the requested designated Pathway 2 Program Contact may represent the educational institution, make decisions for the educational institution's training program, communicate with the BACB on the institution's behalf, and verify all courses included in the training program.
- I understand that if the status of the requested designated Pathway 2 Program Contact's certification or position at the educational institution or the circumstances of the educational institution itself no longer meets the terms and conditions above, we will let the BACB know immediately. We will also inform students and applicants that the educational institution does not verify coursework under the training program and that students and applicants may not rely on coursework verification by the educational institution to apply for BACB certification. We understand the BACB will not accept future Pathway 2 program attestations from my educational institution until all terms and conditions for the Pathway 2 program have been met.
- I acknowledge and agree that the BACB reserves the right to terminate any authorization for an educational institution to verify coursework for BACB certification and to discontinue accepting Pathway 2 coursework attestations from such an educational institution following termination of authorization.
- The information on this form is true and correct.

I am the: ☐ College Dean ☐ Department Chair/Head ☐ Other: _____

Email Address: _____

Printed Name: _____

Signature: _____

Date: _____
(MM/DD/YYYY)

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

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