

# Learning Continuing Education



Individual Provider

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Participant Name

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Participant BACB Certification Number

## Event Information

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Event Name

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Event Date

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Event Modality

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Total Number of CEUs

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Number of CEUs in Ethics

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Number of CEUs in Supervision

## Individual ACE Provider Information

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ACE Provider Name

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ACE Provider Number

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Business Name (if applicable)

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ACE Provider Signature

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Date