



# Authorized Continuing Education (ACE) Provider: Renewal Application

Annual renewals are required to maintain ACE Provider status.

## 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 Organization Providers; \$50 for Individual Providers) prior to the expiration date by either:
  - a) Paying via credit card (through your [BACB Account](#) up to 45 days prior to the renewal date); or
  - b) Sending a check to: Behavior Analyst Certification Board, 7950 Shaffer Parkway Littleton, CO 80127 USA (please include the ACE Provider number on the check).
- 4) Wait up to 2 weeks from the date your complete 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.  
  
*\*Note: If a complete application (including payment) is not received before the renewal date, you will be required to submit a \$50 late fee if renewing during the reinstatement period.*

## ACE Provider Information

Type of Provider:  Individual  Organization Ace Provider Number: \_\_\_\_\_

Individual/Organization Provider Name: \_\_\_\_\_

Provider Website (if available): \_\_\_\_\_

Physical Mailing Address/P.O. Box: \_\_\_\_\_

## ACE Coordinator/Individual Provider Information

Name: \_\_\_\_\_ Certification #/BACBID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Payment Type

Credit Card  Check

## Attestations

- I meet the requirements to serve as an Individual Provider or ACE Coordinator as described in the ACE Provider Handbook.
- I understand that I will be solely responsible for this ACE Provider's Learning continuing education (CE) offerings.

- I will personally present all content (Individual Providers) or personally review and be responsible for content provided by qualified instructors (Organization Providers).
- I will ensure that all events offered for Learning CE are consistent with the standards for Learning CE as described in the ACE Provider Handbook (e.g., content is behavior-analytic and goes beyond the current task list).
- I will ensure that documentation and record-keeping of all events will be completed in accordance with the BACB's requirements for ACE Providers as described in the ACE Provider Handbook.
- I will retain (and provide to the BACB upon request) all documentation, as described in the ACE Provider Handbook.
- I have read the ACE Provider Handbook in its entirety and agree to comply with all requirements.
- By signing below, I affirm that the information provided in this application is true and accurate. I agree to be bound by all BACB standards and requirements for ACE providers. I agree to indemnify and hold harmless the BACB, its directors, officers, employees, agents, and volunteers from and against any and all liability (including court costs and attorney's fees) that may arise from the BACB's agreement to process this application and any decisions or actions relating to this application, including, but not limited to: approval decisions, renewal actions and decisions, denials of approved status, notice regarding ACE status, and the issuance of sanctions regarding approval status.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*This document must be signed in accordance with the [Acceptable Signatures Policy](#).*