



Authorized Continuing Education (ACE) Provider: Initial Application

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 (\$200 for Organization Providers; \$100 for Individual Providers) by either:
 - a) Paying via credit card. If choosing 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.

Provider Information

Type of Provider: Individual Organization

Individual/Organization ACE Provider Name: _____

Provider Website (if available): _____

Physical Mailing Address: _____

Coordinator/Individual Information

Name: _____ BACB Certification #: _____

Email Address: _____ Phone Number: _____

Payment Type

Credit Card Check

Attestations

- By signing below, I affirm that I have read the ACE Provider Handbook in its entirety and agree to comply with all requirements.
- By signing below, I affirm that I meet the requirements to serve as an Individual Provider or ACE Coordinator as described in the ACE Provider Handbook.

- By signing below, I affirm that I understand that I will be solely responsible for this ACE Provider’s Learning continuing education (CE) offerings.
- By signing below, I affirm that I will personally present all content (Individual Providers) or personally review and be responsible for content provided by qualified instructors (Organization Providers).
- By signing below, I affirm that 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).
- By signing below, I affirm that 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.
- By signing below, I affirm that I will retain (and provide to the BACB upon request) all documentation, as described in the ACE Provider Handbook.
- 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](#).