



Authorized Continuing Education Provider Initial Application

Provider Information

Proposed Provider Name: _____

Type of Provider: Individual Group

Proposed Coordinator's Legal Name: _____

Proposed Coordinator's Credential #: _____

Email Address: _____

Application Components

I have paid the application fee via my BACB Account.

Attestation

I understand that I am solely responsible for the operation of _____ in relation to Type 2 CE offerings. I attest to the following:

I (Applicant):

- Agree I _____ meet the requirements to serve as an Individual ACE Provider or ACE Coordinator.
- I hold as a BCBA/BCBA-D.
 - I have either 36 months of full-time experience in behavior analysis post-Master's degree or 18 months post-Doctoral degree.
- Agree I _____ will personally review all events offered by _____ prior to their presentation.
- I understand that Individual ACE Providers must personally present all content.
 - I understand that Organization ACE Providers are permitted to hold events presented by qualified instructors.
 - I understand that I am responsible for the content of the event, even if it is being presented by a different instructor.
- Agree I _____ will ensure that all events offered for CE are consistent with the standards for type 2 CE, specifically:
- The content will be directly related to the practice, methodology, or conceptual systems of behavior analysis.
 - The content will be beyond the BCBA/BCaBA Task List (4th ed.).
 - The instructor will meet the BACB's qualifications for instruction.
 - I will personally confirm that any that event that makes reference to BACB standards does so accurately.
 - I understand that 50 min = 1 CEU, and that 50 minutes is the minimum duration for Type 2 CE events.
 - I understand that 0.5 CEU is the smallest unit in which CE can be awarded after the first 50 min.

- Agree I _____ attest that documentation and record-keeping of all events will be completed in accordance with the BACB’s requirements for ACE Providers. Specifically:
- The certificates will contain all required information.
 - The certificates will be awarded to attendees within 45 days of the event’s end.
 - I have a system by which records will be maintained in accordance with the BACB’s requirements and in accordance with my federal and local regulations for at least 7 years.
 - I will be timely in responding to all questions or concerns from attendees.
 - I have a documented attendance procedure that will be implemented at the events.
 - I will ensure that the amount of CE awarded for each event complies with the BACB’s requirements for CE and event duration.
 - I will ensure that all events offered by _____ comply with all applicable laws, including facility licensure requirements and the Americans with Disabilities Act (or similar laws outside the United States) regarding accommodation requirements.
 - I will ensure that all events and advertising clearly state that the BACB does not warrant, endorse, sponsor, or approve or partner with the event, organization, or instructor.
- Agree I _____ understand that my compliance with the ACE requirements may be audited by the BACB at any time and I agree to provide the following for all events:
- Event syllabus (i.e., presentation abstract, learning objectives, instructor qualification method)
 - Event format, duration, and date
 - Date CE certificates were awarded
 - List of attendees
 - Any additional information requested by the BACB to demonstrate my compliance with the BACB’s requirements
- Agree By signing below, I _____, acting on behalf of the Proposed Provider, hereby affirm and represent that the information provided in this application and any attachments hereto is true and accurate. The Proposed Provider and I agree to be bound by all BACB standards and requirements for ACE providers, as may be revised. The Proposed Provider and 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 for approved continuing education providers 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.

Signature: _____ Date: _____

Printed Name: _____

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