



# Authorized Continuing Education Provider Renewal Application

## Provider Information

Provider Name: \_\_\_\_\_

Type of Provider:     Individual     Group

Coordinator's Legal Name: \_\_\_\_\_

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 \_\_\_\_\_ personally reviewed 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 \_\_\_\_\_ ensured that all events offered for CE were consistent with the standards for type 2 CE, specifically:

- The content was directly related to the practice, methodology, or conceptual systems of behavior analysis
- The content was beyond the BCBA/BCaBA Task List (4th ed.)
- The instructor met the BACB's qualifications for instruction
- I personally confirmed that any event that makes reference to BACB standards did 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 were completed in accordance with the BACB's requirements for ACE Providers. Specifically:
- The certificates contained all required information
  - The certificates were awarded to attendees within 45 days of the event's end
  - I have a system by which records are maintained in accordance with the BACB's requirements and in accordance with my federal and local regulations for at least 7 years
  - I was timely in responding to all questions or concerns from attendees
  - I utilized a documented attendance procedure that was implemented at the events
  - I ensured that the amount of CE awarded for each event complied with the BACB's requirements for CE and event duration
  - I ensured that all events offered by \_\_\_\_\_ complied 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 ensured that all events and advertising clearly stated that the BACB does not warrant, endorse, sponsor, or approve or partner with the event, organization, or instructor.
- Agree I \_\_\_\_\_ understood that my compliance with the ACE requirements may be audited by the BACB at any time and I agreed 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 \_\_\_\_\_, acted on behalf of the Provider, hereby affirm and represent that the information provided in this application and any attachments hereto is true and accurate. The Provider and I agree to be bound by all BACB standards and requirements for ACE providers, as may be revised. The 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](#).*