



Authorized Continuing Education (ACE): Coordinator Change Request Form

This form should be completed by the individual who will be assuming the role of ACE Coordinator for the Organization Provider listed below. It should be submitted via the [Contact Us Form](#).

Provider Information

Organization Provider Name: _____

ACE Provider Number: _____

Physical Mailing Address: _____

New Coordinator Information

Name: _____ BACB Certification #: _____

Email Address: _____ Phone Number: _____

Attestations and Agreements

The Behavior Analyst Certification Board (BACB) agrees to process this application subject to your agreement to the following terms and conditions:

- I affirm that I have read the ACE Provider Handbook in its entirety and agree to comply with all standards and requirements for ACE Providers.
- I affirm that I meet the requirements to serve as an Individual Provider or ACE Coordinator as described in the ACE Provider Handbook.
- I affirm that I understand that I will be solely responsible for this ACE Provider's Learning continuing education (CE) offerings.
- 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).
- 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).
- 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.
- I affirm that I will retain (and provide to the BACB upon request) all documentation, as described in the ACE Provider Handbook.
- I affirm that the information provided in this application is true and accurate.
- I agree that the BACB may publish my name to the BACB's ACE Provider Directory.
- I agree to hold the BACB harmless and to waive, release, and exonerate the BACB, its officers, directors, employees, committee members, and agents (referred to collectively as BACB personnel) from any claims that I may have against the BACB arising out of the BACB's review of this application. Except as may be found to contravene the law, I waive any right to assert a claim against the BACB where I am a representative or member of a class or representative action; further, should I be permitted by law or court of law to proceed with a class or representative action, I shall not be entitled to recover attorneys' fees. Additionally, I agree to refrain from subpoenaing the BACB and BACB personnel in any legal proceeding.

The terms of this agreement include and incorporate by reference the [Terms of Use](#) and [Privacy Policy](#) published on the BACB website. This agreement survives expiration of your ACE application and authorization. This agreement is governed by the laws of the state of Colorado. In the BACB's sole discretion, any disputes between you and the BACB must be resolved by binding, individual arbitration in Colorado with an arbitrator selected by mutual agreement of the parties, except as may be necessary for the BACB to obtain injunctive or other relief to protect the BACB's intellectual property rights. Arbitration, if applicable, will be governed by the Federal Arbitration Act and not by any state law concerning arbitration.

By signing, I agree to these attestations and to be bound by the terms stated above.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

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