



# Biofeedback Certification International Alliance

## Application for Board Certification by Prior Experience in Pelvic Muscle Dysfunction Biofeedback

Please complete this form, providing documentation as instructed in each item below. **To be considered, applications must include signature, license, and filing fee. Please print or type all information.**

**Name:** \_\_\_\_\_  
First Middle Last (Degree for certificate, optional – This information will be printed on your certificate.)

**Company/Business:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Current BCIA General Biofeedback Certification # \_\_\_\_\_, if applicable.**

**2. Education** Please list the health care degrees you have earned.

Educational Institution	Degree	Date Awarded	Health Care Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 3. License/Credential for Independent Practice

You must currently be licensed/credentialed at the state or national level to practice in a health care profession such as medicine, nursing, occupational or physical therapy.

A. \_\_\_\_\_ I am currently licensed/credentialed in my state to practice independently. I have enclosed a copy of that license/credential.

Discipline & License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

B. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain the circumstances and outcome.

C. Is your license/credential currently under review by a disciplinary or regulatory agency?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain the circumstances.

D. Have you voluntarily surrendered a license/credential?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain the circumstances and outcome.

#### **4. Human Anatomy, Human Physiology, or Human Biology Course**

It is assumed that all applicants will have had this course work. This information would need to be separately documented by a university transcript only in cases of special review for education since all licensed professions that we currently accept will have already completed this course work.

#### **5a. Didactic Education/Training**

Submit documentation that may include university transcripts or certificates of completion. Candidates should submit documentation *in all* areas as applicable, to present a comprehensive picture of education and training in the field. This education and training should reflect a continuum of knowledge related to the current blueprint.

**72 Hours of Post Professional Instruction:** Submit an academic transcript and/or signed certificates of completion for relevant course work covering *at least* 72 hours of didactic instruction which includes: relevant EMG biofeedback methodologies; evaluation of elimination disorders and or chronic pelvic pain syndromes; pelvic floor anatomy and physiology; normal and abnormal voiding and elimination; pain syndromes; treatment modalities (therapeutic exercise, bowel and relaxation training, home exercise programs); and treatment planning. This requirement must include a basic 24-hour didactic course and an additional 10 hours that are biofeedback-specific, totaling 34 hours. The remaining 38 hours may be in any PMDB blueprint-related topic.

**5b. Supplemental Training Information** – Please submit any of the following that documents your education and training in the field:

**On The Job Training and Clinical Experience:** Submit employer testimony documenting on the job training and experience in treating pelvic muscle dysfunction utilizing surface EMG biofeedback assisted behavioral interventions. On the job training is to be done within the past three years.

**Professional Teaching:** Submit a syllabus or course outline for relevant workshops or academic courses that you have developed which include all or portions of the following material: relevant EMG biofeedback methodologies, pelvic floor anatomy and physiology, voiding and elimination, normal and abnormal physiology; pelvic pain syndromes, behavioral interventions, neuromuscular relaxation (down training), strength and coordination training, assessment and treatment with vaginal/rectal surface EMG. Teaching is to have been done within the past five years.

**Research and/or Publications in the Field:** Submit a copy of the publication(s).

**6. Clinical Practice** – Submit a resume or CV and a statement of clinical practice documenting at least 3,000 hours of biofeedback used to treat elimination disorders and pelvic pain over at least 5 years. This is to be supported by 3 letters of recommendation to be received from other specialists in elimination disorders and/or pelvic pain syndromes who can testify to your work and expertise in providing direct patient care using biofeedback assisted assessment and treatment procedures. At least one letter must be from somebody who is not your employee nor employer and another letter from a person who is in the field of PMDB/urology/GI/OB-GYN and can document training and experience in PMDB. Candidates must have experience in both up training (strengthening) and down training (neuromuscular relaxation) with patients presenting with either urinary, bowel, and/or pain disorders. Letters must be current and received by BCIA directly from the author.

**7. Mentoring** - learning the application of clinical biofeedback skills with patients/clients is a requirement for certification.

\_\_\_\_ I have completed a minimum of 15 hours with a professional learning to apply practical biofeedback skills to treat elimination disorders and chronic pelvic pain.

### **8. Practical Skills Attestation –**

By my signature, I verify that I am able to complete the following biofeedback skills:

1. Complete a verbal history and chart review prior to initiating pelvic floor EMG assessment.
2. Describe an EMG biofeedback assessment/session including basic anatomy, physiology and instrumentation to aide understanding as would be appropriate for a new client.
3. Demonstrate that the instruments are working properly or identify an instrument-related problem (ie., sequentially check electrode, lead, connection to hardware/PC, software, battery faults).
4. Discuss knowledge related to electrical safety (use of GFI in wall outlets).
5. Describe the purpose of each component on every panel of the EMG biofeedback instrument.
6. Demonstrate knowledge about the components of a surface EMG signal (frequency spectrum, amplitude) and how they may be manipulated through instrument controls.
7. Test the noise level of the instrument at various bandwidth filter settings.
8. Justify selection of electrode sites (abdominal, intra-vaginal, intra-anal, peri-anal).
9. List relative (i.e., pediatric) and absolute contra-indications for the use of internal electrodes.
10. Demonstrate proper electrode use: skin prep, attachment, insertion, removal, cleansing and storage.
11. Describe appropriate infection control procedures relative to pelvic floor equipment and treatment room.
12. Describe the relationship between sEMG findings and how they are used to effectively set the potential treatment/training goals.
13. Recognize and describe various common artifacts and how to attenuate them (i.e., 60 Hz, movement, respiration, electronic devices).
14. Demonstrate surface electrode placement that will minimize cardiac artifact.
15. Describe the various types of sEMG visual displays which may vary with different equipment (raw EMG; rectified-moving line graph, bar graph, circle display; spectral analysis, and probable amplitude histogram).
16. Obtain pre-treatment measures (treatment baseline) and describe factors that affect treatment baseline measures.
17. Instruct a client in appropriate techniques to achieve changes in pelvic muscle activity, improving pelvic floor muscle isolation:
  - a) reduce elevated resting base
  - b) improve a selective phasic muscle contraction
  - c) improve a selective tonic contraction of at least 10 seconds
  - d) reduce activity below a resting base during simulated evacuation maneuver (eccentric lengthening of pelvic floor muscles)
  - e) improve stability of a tonic phase contraction (stable amplitude).
18. Document relevant data from the initial assessment and subsequent training sessions.
19. Describe the outcome of an EMG biofeedback session with the client.
20. Determine appropriateness of manual therapy exam, utilizing history and results of PMD EMG assessment.
21. Communicate the need for manual assessment utilizing anatomy and physiology education.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 9. Exam

Completion of a written validation examination is required. Your responses on this examination are necessary for further development of the examination for all candidates, but **will not** affect your application for Certification by Prior Experience. The purpose of this exam is to ensure reliability and validity of the PMDB examination process.

## 10. Agreement

1. I, the undersigned, do hereby make voluntary application to the Biofeedback Certification International Alliance, formerly the Biofeedback Certification Institute of America (BCIA). I certify that the information given by way of this application is true, honest, and completely represents me.

2. I will conform to all applicable local, state, and federal regulations and conduct myself consistent with the highest standards relating to my profession and specialty.

3. I have read and agree to be bound by the BCIA Professional Standards and Ethical Principles of Biofeedback (PSEP) and their policies and procedures. I understand that the Principles, policies and procedures may be amended from time to time and that I am bound by these documents as amended. I also understand that in accordance with such policies and procedures:

- (a) the final determination of any dispute arising between me and BCIA will be made by its board of directors and that I will be bound by the board's determination and may not seek review;
- (b) however, if grounds exist that would permit a court to overturn or modify the board's determination or otherwise act in the matter, that I will seek redress only in Denver, CO and only by arbitration in accordance with such policies and procedures; and
- (c) because I have agreed that the board's determination is final and binding upon me, I am likely to be required to pay the costs, reasonable attorney fees and other expenses of BCIA in any proceedings instituted by me.

4. I understand and agree that BCIA and its affiliates assume no responsibility for my actions or activities. I practice at my own risk and hereby release BCIA from any and all liability from any practice decisions I make.

5. I hereby give permission to BCIA to contact individuals or agencies listed for verification of information submitted. I recognize that failure to do so may result in disciplinary action including suspension or revocation of my certification.

*BCIA reserves the right not to accept your application based on any information submitted. To be considered, applications must include signature and filing fee. License must be on file.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application and fees to:

**BCIA**

**5310 Ward Rd, #201 – Arvada CO 80002**

**Phone: (720) 502-5829 \* \* e-mail: [info@bcia.org](mailto:info@bcia.org) \* [www.bcia.org](http://www.bcia.org)**

## **BCIA Certification Policies & Procedures**

**Discrimination** BCIA does not discriminate among applicants as to age, sex, sexual orientation, race, religion, national origin, disability, or marital status.

**Changes to Policies** BCIA policies/guidelines, fees, and deadlines are subject to change without notice. BCIA has the prerogative to establish and reverse policies, procedures, including fees and dates for certification and recertification as deemed appropriate without notice. It is the candidate's responsibility to stay current on any changes by maintaining regular contact with BCIA.

**Application Acceptance** No applications for certification, recertification, or accreditation are considered when an inquiry or other matter involving the applicant is pending before any regulatory health care or other governmental agency, until the matter is finally determined. Application status with BCIA is subject to the final determination of the matter and may be conditioned upon compliance with the terms and conditions as may be provided under such final determination.

**Fees, Timeframe, and Order of Completing Certification Requirements** A non-refundable certification fee must accompany your application. We suggest this sequence: submission and approval of the application with all supporting documents, remaining certification fee is to be paid, and the validation exam is your last requirement. \$245 is the fee required for members of AAPB, SUNA, AOTA, APTA, and WOCN and \$295 is the fee for non-affiliated professionals. You may take the exam at a regularly scheduled exam site or you may elect to pay an additional \$50 for the administration of a special online exam, (\$25 for CPE applicants), and \$100 for paper/pencil exams.

**Verification of Information** All information submitted by the applicant is subject to verification. Falsification of information by a candidate is grounds for automatic rejection of the application, forfeiture of all fees, and denial of future applications for certification.

**Arbitration** Review within BCIA will be the final determination of all matters arising between the candidate and BCIA. However, if you believe grounds exist that would permit a court to overturn or modify BCIA's action, you may seek redress only through arbitration in Denver, CO. We suggest that you consult an attorney before invoking the arbitration procedure.

The applicant shall be liable for the cost of any arbitration or court proceedings, including reasonable attorney fees that are expended by BCIA in the defense of any proceedings brought by the applicant where the applicant does or does not prevail.

**Certification Period** Certification is valid for three years.

**Recertification** Recertification is obtained by: a) passing the written examination or b) by self-attest of 36 hours of accredited continuing education, including 3 hours of ethics/professional standards, as specified by BCIA, during the third year of certification and payment of a \$150 recertification fee. Ten percent of all applications are audited. In this event, BCIA will request documentation of the 36 accredited hours of continuing education. Successful candidates for recertification are issued new certificates valid January 1 through December 31 three years later, thereby maintaining continuity of certification. All certificants must be free of sanction and agree to abide by BCIA Professional Standards and Ethical Principles of Biofeedback.