



Biofeedback Certification International Alliance BCIA-Australia

Mentor Application

Prior to beginning training, BCIA-A requires a new mentor application for each prospective candidate and strongly encourages each candidate to file their certification application.

Name of Candidate for certification: _____

Name of BCN Mentor: _____ BCIA-A#: _____

Address: _____

Phone: (____) _____ E-mail: _____

Highest Level of Relevant Professional Education (list degree, year & institution)

Registration for Independent Practice

When treating a medical or psychological disorder, you are required to hold a current health care registration. This registration in a BCIA-A approved health care field must be issued or recognized by the state in which you practice.

A. Are you currently registered in your state to practice independently?

____ Yes Please submit proof of registration.

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 registration currently under review by a disciplinary or regulatory agency?

____ No ____ Yes If yes, please explain the circumstances.

D. Have you voluntarily surrendered your registration to practice?

____ No ____ Yes If yes, please explain the circumstances and outcome.

Mentor Neurofeedback Experience, totalling at least two years.

Employment: _____

Address: _____

Dates of Employment: _____

Description of Population Served: _____

Employment: _____

Address: _____

Dates of Employment: _____

Description of Population Served: _____

Employment: _____

Address: _____

Dates of Employment: _____

Description of Population Served: _____

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 received, read and agree to be bound by the BCIA Professional Standards and Ethical Principles of Biofeedback 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.

Signature: _____ Date: _____

BCIA-A
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