BCIA Mentoring for Recertification
Time/Activities Log Form

Applicant _____ **Certificate #** _____

Mentor_____ **Certificate #** _____

The log below lists the specific dates, times and descriptions of mentoring activities being presented for recertification approval.

Date	Time	Description of Mentoring Activities	Personal NF/BF Sessions	Client Sessions	Case Conferences

Hours Completed with Mentor _____ **Hours**

Total Hours Completed (up to 20 across the 4 year recertification cycle)_____

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ **Date:** _____

Applicant Signature _____ **Date:** _____