

BCIA Mentoring for Biofeedback Certification Time/Activities Log Form

Applicant _____

Mentor _____ Certification # _____

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

Date	Contact Hours 20	Description of Mentoring Activities	Personal BF Sessions (10)	Client Sessions (50)	Case Conferences (10)

Contact Hours Completed with Mentor: _____ Hours

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ Date: _____

Applicant Signature _____ Date: _____