



# The Biofeedback Certification International Alliance

## Application for Board Certification in Biofeedback

Please complete this form, providing documentation as instructed in each item below. **Please use the same name on all correspondence and print or type all information.** Documents may be submitted electronically.

Name:			
First	Middle	Last	(Degree for certificate, optional – this information will be printed on your certificate)
Company/Business:			
Street Address:			
City, State, Zip:			
Phone Number:		Email:	

Education	Educational Institution	Degree	Date Awarded	Health Care Field

**If unlicensed, your university must send an official copy of your transcript directly to BCIA.**

**License/Credential for Independent Practice** *When treating a medical or psychological disorder, you are required to hold a current health care license or agree to work under the legal supervision of an appropriately credentialed health care professional. This credential in a BCIA-approved health care field must be issued or recognized by the state in which you practice. **\*All applicants who live and work outside the US and Canada must carry a valid health care license/credential.\****

I am licensed to provide clinical services and ethically treat medical/psychological disorders within my scope of practice and under the laws of my state(s). **In order for this application to be valid, you must submit a copy of that license/credential.** My license(s) to practice are as follows:

State/Province:	Discipline:
Lic. #:	Exp Date:

Has your license been reviewed, investigated, or voluntarily surrendered? Please explain further by attaching a description of the facts and the outcome. If there is a current investigation or issue, this application will not be processed further until the matter is resolved.

**Unlicensed Providers**  I am not licensed to provide clinical services and cannot ethically and independently treat medical/psychological disorders under the laws of my state(s). *You must check each of the following to be eligible for certification or recertification:*

- I have never had a license that was removed or surrendered due to a complaint filed against me.
- I will only treat medical/psychological disorders under an appropriately licensed supervisor in accordance with my level of competence, scope of practice, and under my state laws. My primary supervisor's contact information is listed below (if applicable):

Name:	Discipline:
Lic. #:	Exp Date:

## Human Anatomy, Human Physiology, or Human Biology Course

A comprehensive course from a BCIA-accredited program or a regionally accredited academic institution, including distance education, fulfills this requirement. This course must include the organization of the human body and the following systems: Integumentary, Skeletal, Muscular, Nervous, Special Senses, Circulatory, Respiratory, Digestive, Urinary, Endocrine, and Reproductive.

*Provide a transcript or other appropriate proof of successful completion with the course(s) highlighted.*

*(Note: If the course title is different from the above, submit a copy of the course syllabus) Please note how this requirement is to be documented.*

## Didactic Biofeedback Education – 42

To fulfill this requirement, complete coverage of the BCIA Blueprint of Knowledge Statements is required. This material covers the science, history, and theory of biofeedback as outlined below:

Blueprint Area	Hours	Blueprint Area	Hours
I. Orientation to Biofeedback	2	VI. Autonomic Nervous System Applications	8
II. Stress, Coping & Illness	3	VII. Respiratory Applications	3
III. Psychophysiological Recording	8	VIII. Intervention Strategies	8
IV. Research Methodology	2	IX. Professional Conduct	2
V. SEMG Applications	6	<b>TOTAL HOURS</b>	<b>42</b>

*Documentation will be accepted in the following formats: transcript from an accredited academic institution with didactic courses clearly marked and a letter from the professor detailing how the course covered the blueprint. If training was taken through a BCIA-accredited training program, you must submit a certificate or letter of satisfactory completion listing the number of hours covered in each blueprint area.*

## Mentoring: Practical Biofeedback Training – 20 contact hours with a BCIA approved mentor

Please see Guidelines & Policies for Mentoring Candidates for Board Certification in Biofeedback. An approved Mentor's Application must be on file. Mentoring Contact Hours refer to the 20 hours of time spent to review 1, 2 and 3.

### 1. Personal Biofeedback Training Demonstrating Ability to Self-Regulate - 10 sessions

**2. Biofeedback Treatment with Clients/Patients - 50 sessions - 10 sessions each of Thermal, EMG, and HRV.** The remaining 20 sessions are to include any combination of EMG, Thermal, GSR, EEG, HRV, and respiration training.

### 3. Biofeedback Case Studies - 10 Presentations

**I hereby attest that the candidate has completed 20 contact hours with me reviewing 1, 2, and 3.** Two of these hours were "live observation." **NOTE: Please sign this section when mentoring is completed.** Edit the number of hours listed above if you did not provide all of the required hours as stated.

**Mentor Signature:**

**Phone:**

**Print Name:**

**BCIA#:**

**\*\*\*Essential Skills List:** Please complete this work with your mentor and have them submit the signed document.

**Exam.** When you have been notified that your application has been accepted, you may make plans to take your certification exam using the online special exam option. Requirements may be met in any order and do not have to be completed prior to the exam; however, it is recommended that the requirements be completed in this order: human anatomy/physiology, didactic education, mentoring, and lastly the exam. The \$275 certification fee must be paid prior to scheduling the exam.

## **Agreement - BCIA Policies and Procedures for Dispute Resolution**

**This agreement must be signed and dated for this application to be accepted.**

1. In these policies and procedures of the Biofeedback Certification International Alliance (BCIA) for Dispute Resolution, "policies and procedures" refers to the policies and procedures of the BCIA as they may be amended from time to time.

2. The form of application for certification and recertification by BCIA shall include the following agreement which sets forth five points which reflect the policies and procedures with respect BCIA's certification programs, is incorporated in these policies and procedures and is to be separately signed and dated by the applicant:

- 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.
- 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.
- I have received, 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 PSEP and any BCIA 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.

- 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.
- 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.

3. The venue for any arbitration under these policies and procedures and proceedings with respect to the arbitration or other redress sought by a party who has agreed to be bound by the policies and procedures, shall be the city and county of Denver, state of Colorado, United States of America.

4. The arbitrator shall be designated by the board of directors.

5. The board of directors may specify a set of rules with respect to the arbitration that the arbitrator designated is familiar with. However, in the case of any conflict between any provision of the policies and procedures and a provision of such rules, the provision of the policies and procedures controls over the provision of such rules to the extent of any inconsistency.

6. The institution of any action, suit or other proceeding by a party bound by these policies and procedures that is not permitted under these policies and procedures shall be considered as a demand for arbitration under these policies and procedures and the board of directors may designate an arbitrator to hear and determine the matter and specify a set of rules with respect to the arbitration. The arbitrator shall enter an award which shall be dispositive of all matters raised in such other action or proceeding and any other matters as may be raised by such party to the extent permitted by the policies and procedures.

7. The arbitrator shall have the power and authority to determine the validity and scope of the arbitration agreement of the parties, the jurisdiction of the arbitrator, the arbitrability of matters presented, whether or not a party is bound by these policies and procedures, and all other matters to the fullest extent as may be permitted by an arbitration agreement of the parties under the proposed act for arbitration as revised and promulgated by the Uniform Law Commission in the year 2000 known as the Uniform Arbitration Act (2000) as such act is informed by the prefatory note and comments issued by the Uniform Law Commission with the act as so revised and promulgated, or, if more extensive power or authority may be conferred upon an arbitration under the Federal Arbitration Act, then to the fullest extent as may be permitted under the Federal Arbitration Act with respect to any such matter.

8. The arbitrator is bound in making the award and his or her other determinations by the PSEP as the PSEP may be amended from time to time and by these policies and procedures. The arbitrator shall have no power or authority to act or refrain from acting in any manner that is inconsistent in any respect with either the PSEP as so amended or these policies and procedures. The foregoing two sentences control over the other policies and procedures as they relate to arbitration or other redress by an applicant.

<b>Signature</b>	<b>Date:</b>
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## Procedures

**To be considered for certification, applications must include signature, filing fee paid in US funds with check or credit card, and transcript or copy of valid license to document proof of a BCIA recognized health care background.**

This application may be sent by USPS or electronically.

- Mail signed application and **\$150 filing fee** to:

**BCIA**  
**5310 Ward Road, #201**  
**Arvada CO 80002**  
**e-mail: [info@bcia.org](mailto:info@bcia.org) \* [www.bcia.org](http://www.bcia.org) - NO FAX**

- Email this document to [info@bcia.org](mailto:info@bcia.org) and use the online payment options.

## Brief Overview of BCIA Certification Policies & Procedures

Please print this page and keep for your records.

**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** You may file your application with a \$150 filing fee at any time and you may complete the requirements in any order; however, we suggest this sequence: human A&P, didactics, mentoring, and the exam as your last requirement. A valid application must be on file and a \$275 certification fee must be paid prior to scheduling your exam. Applications are valid for two years. If certification is not completed during that period, the candidate may request an extension with payment of an application revalidation fee of \$50 for one year and \$100 for two years. *All fees are non-refundable.*

**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** Upon final completion of all requirements and acceptance by the Board, you will be issued a paper certificate that is valid for four years. Your name and contact information will be added to our searchable register on the BCIA website.

**Recertification** Certificants are required to complete 48 hours of accredited continuing education related to the blueprint, including 3 hours in ethics or professional conduct, and pay a recertification fee according to the schedule below:

January 1 – June 30: \$225      July 1 – October 31: \$250      After November 1: \$275

If dual certified, every other recertification fee will be in accordance with this fee schedule; however, the fee will be reduced by \$50.

There are many ways to earn CE credit and candidates may elect to recertify by retaking and passing the certification exam.