

**Statement of Mentoring for
Board Certification in Biofeedback**

I hereby attest that _____ has completed ____ contact hours
name of candidate

with me reviewing 5A, 5B, and 5C. (20 contact hours required)

**5-A. Personal Biofeedback Training Demonstrating Ability to Self Regulate-
_____ sessions – (10 sessions required)**

**5-B. Clinical Biofeedback Treatment with Clients/Patients -
_____ sessions - (50 patient/client sessions using biofeedback required - 10 each of
EMG, Thermal, and HRV = 30 sessions, with the remaining 20 sessions to include any
combination of those skills as well as GSR and respiration training. Each session must be a
minimum of 20 minutes)**

**5-C. Biofeedback Case Conference –
_____ presentations (10 Presentations required)**

Mentor's Signature: _____ Phone: _____

Print Name: _____ BCIA EEG# _____