



# Biofeedback Certification International Alliance

(formerly the Biofeedback Certification Institute of America)

## Mentor Application

*Prior to beginning training, BCIA 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 Certificant:** \_\_\_\_\_ **BCIA#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

\_\_\_\_\_

### 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 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.

A. Are you currently licensed/credentialed in your state to practice independently? \_\_\_ Yes

License # \_\_\_\_\_ Discipline \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_ No As an unlicensed provider, I agree to work under appropriate supervision when treating a medical or psychological disorder. \_\_\_\_\_ initial

\_\_\_ Yes Please submit a copy of that license/credential.

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 license/credential currently under review by a disciplinary or regulatory agency?

\_\_\_ No \_\_\_ Yes If yes, please explain the circumstances.

D. Have you voluntarily surrendered a license/credential?

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

**Neurofeedback Experience**, totaling 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 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**

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