



BCIA Neurofeedback Didactic Training Program Evaluation Form – 2015 Blueprint

Please return this form directly to: **BCIA, 5310 Ward Rd., #201 – Arvada CO 80002**

In order for this course to be valid for BCIA didactic education, your name must be on the official list submitted to BCIA by the training program you attended, and you must submit this evaluation form to BCIA within 30 days of the completion of the didactic training program. The information submitted will be kept **CONFIDENTIAL** by BCIA. The information will be tabulated for each training program and made available to the BCIA Accreditation Committee. The training provider will receive summary data to provide feedback for improvement of their teaching program.

1. Evaluation of Training: Use the following scale to evaluate items: 1 - Excellent 2 - Satisfactory 3 - Unacceptable

Neurofeedback BLUEPRINT AREAS	How well were blueprint subject areas covered?	Quality of Faculty	Written Materials/ Handouts	Audio-Visual
I. Orientation to Neurofeedback				
II. Basic Neurophysiology and Neuroanatomy				
III. Instrumentation & Electronics				
IV. Research Evidence Base for Neurofeedback				
V. Psychopharmacological Considerations				
VI Patient/Client Assessment				
VII. Developing Treatment Protocols				
VIII. Treatment Implementation				
IX Current Trends in Neurofeedback				
X. Ethical & Professional Conduct				

2. To what extent was the teaching facility conducive to learning? Excellent Satisfactory Unacceptable

3. Overall, did the program deliver what was offered in the promotional material?
 Completely Generally Poorly

4. Was clinical grade equipment made available during your course for "hands on" demonstration?

5. Are you currently certified by BCIA? _____ No _____ Yes _____

If no, do you plan to sit for the BCIA Exam? Yes ____ When: _____ No ____ Don't Know

6. Name of the training program you attended: _____

7. Location & Date of training program: _____

8. Name: _____

9. Address: _____

 City, State, Zip: _____

10. Phone: _____ Email: _____

You may use the back of this form for any comments you wish to make.

Please Copy as Necessary