

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

I hereby attest that \_\_\_\_\_ has completed \_\_\_\_ contact hours  
name of candidate

with me reviewing 5A, 5B, and 5C. (10 contact hours required)

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

**5-B. HRV Biofeedback Treatment with Clients/Patients -  
\_\_\_\_\_ sessions - (20 sessions of patient/client treatment, using HRV  
biofeedback, including BVP or ECG training and respirometer (respiratory  
biofeedback training. )**

**5-C. Biofeedback Case Studies –  
\_\_\_\_\_ presentations (5 Case Study Presentations required)**

**Mentor's Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **BCIA Cert #:** \_\_\_\_\_