



Biofeedback Certification International Alliance

(formerly the Biofeedback Certification Institute of America)

Non-Certified Mentor's Application

Name of candidate for BCIA Certification: _____

Mentor's Name: _____

Address: _____

Phone: _____ Email: _____

Professional Educational Background (list degrees, institutions and years granted):

1. _____

2. _____

3. _____

License/Credential for Independent Practice

Non-certified mentors must carry a current license/credential in a BCIA approved health care field issued by the state in which you practice. Please submit a copy of that license/credential.

1. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?
_____ No _____ Yes If yes, please explain the circumstances and outcome.

2. Is your license/credential currently under review by a disciplinary or regulatory agency?
_____ No _____ Yes If yes, please explain the circumstances.

3. Have you voluntarily surrendered a license/credential?
_____ No _____ Yes If yes, please explain the circumstances and outcome.

Experience: List biofeedback and/or neurofeedback experience totaling at least 2 years.

Employment: _____

Address: _____

Dates from: _____ To: _____

Description of population served: _____

Employment: _____

Address: _____

Dates from: _____ To: _____

Description of population served: _____

Employment: _____

Address: _____

Description of population served: _____

What percentage of your professional time have you spent in biofeedback during the past 5 years? _____

How many individual patient/client /research subjects have you directly treated in the past 5 years?

EMG _____ Thermal _____ GSR _____ EEG _____ HRV _____

Other _____ Specify:

Is your clinical experience in the area in which the candidate plans to practice? _____ Yes
_____ No If no, please describe your area of clinical experience:

Biofeedback Education: Please list the types of biofeedback instruction you have had.
Basic Didactic Training

Continuing Education

Please list any other professional activities that would help the board to know more about your education, training, and involvement in the field:

Agreement

1. I, the undersigned, do hereby make voluntary application to the BCIA. I certify that the information given by way of this application is true, honest, and completely represents me.
2. I agree not to advertise, list or otherwise represent that I am an approved or qualified mentor, or have any other status within BCIA.
3. I give permission to BCIA to contact individuals or agencies listed for verification of information submitted. *I understand any falsification of information is grounds for not granting or for loss of BCIA certification.*
5. I will conform to all applicable local, state, and federal regulations and will conduct myself consistent with the highest standards relating to my profession and specialty.
6. 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.
7. This approval, if granted is an accommodation for the individual candidate for certification and is limited to that. Certification is the only designation that BCIA permits individuals to hold out to the public.

Signature

Date

Please submit this application, all supporting documents, and payment to BCIA for \$100 for the special review fee. Reviews could take 2-3 weeks.

BCIA

5310 Ward Rd, #201 - Arvada CO 80002
(720) 502-5829 – info@bcia.org - www.bcia.org