



# Biofeedback Certification Institute Of America

## Application For Academic Board Certification in Biofeedback

Please complete this form, providing documentation as instructed in each item below. **To be considered, applications must include signature, filing fee, and transcript must be on file.**  
**Please print or type all information.**

**Name:** \_\_\_\_\_  
First Middle Last (*Degree for certificate, optional – this information will be printed on your certificate.*)

**Affiliation/Company:** \_\_\_\_\_

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

**City, State & Zip:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Education** Official transcript documenting a master’s or higher degree from a regionally accredited academic institution should come to BCIA directly from the institution granting the degree. “Regionally accredited academic institution” refers to an Accredited Institution of Postsecondary Education as determined by the American Council on Education. Degrees earned outside the United States will be accepted only if the documents have been translated and evaluated by a member of the National Association of Credential Evaluation Services (NACES).

<i>Educational Institution</i>	<i>Degree</i>	<i>Date Awarded</i>	<i>Health Care Field</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Human Anatomy/physiology or Human Biology** - understanding the relation and function of bodily systems used in your specific biofeedback applications is a requirement for certification. I have completed this requirement as follows:

\_\_\_ formal A&P    \_\_\_ physiology    \_\_\_ human biology    \_\_\_ kinesiology

\_\_\_ pre-med or other university work not consistent with my current profession

\_\_\_ physiological psychology course    \_\_\_ other courses – please list:

\_\_\_ on the job trainings such as grand rounds

\_\_\_ ce courses specific to the anatomy/physiology related to disorders treated with biofeedback

\_\_\_ significant independent reading and study – please describe further.

### **Didactic Biofeedback Education – 48 hours**

To fulfill this requirement, complete coverage of the BCIA Blueprint of Knowledge Statements is required. This material covers the science, history, and theory of biofeedback as outlined below:

<u>Blueprint Area</u>	<u>Hours</u>	<u>Blueprint Area</u>	<u>Hours</u>
I Orientation to Biofeedback	4	V Autonomic Nervous System Applications	8
II Stress, Coping, & Illness	4	VI EEG Applications	4
III Psychophysiological Recording	8	VII Adjunctive Interventions	8
IV sEMG Applications	8	VIII Professional Conduct	4
		Total Hours	48

Documentation will be accepted in the following formats: transcript from an accredited academic institution With didactic biofeedback courses clearly marked or a certificate or letter of satisfactory completion from a BCIA accredited training program. Either format must include the number of hours completed in each blueprint area.

**Mentoring: Practical Biofeedback Training – 10 contact hours with a BCIA approved mentor**  
contact hours with BCIA approved mentor to learn basic equipment, electrode placements, and personal self-regulation

I hereby attest that the candidate has completed 10 contact hours with me reviewing the information stated above.

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

Print Name: \_\_\_\_\_ BCIA # \_\_\_\_\_

### **Exam**

When you have been notified that your application has been accepted, you may make plans to take your written exam either at a scheduled exam site or by using the special exam option. Requirements may be met in any order and do not have to be completed prior to the exam.

## 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 received, 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.

*BCIA reserves the right not to accept your application based on any information submitted. To be considered, applications must include signature and filing fee. Transcript must be on file.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application and fees to:

**BCIA**  
**10200 West 44th Avenue, Suite 310**  
**Wheat Ridge CO 80033 - 2840** Phone: (303) 420-2902 \* Fax: (303) 422-8894 \*  
e-mail: [info@bcia.org](mailto:info@bcia.org) \* [www.bcia.org](http://www.bcia.org)

## **BCIA Certification Policies & Procedures**

**Discrimination** BCIA does not discriminate among applicants as to age, sex, race, religion, national origin, disability, or marital status.

**Changes to Policies** BCIA policies/guidelines, fees, and deadlines are subject to change without notice. BCIA has the prerogative to establish and reverse policies, procedures, including fees and dates for certification and recertification as deemed appropriate without notice. It is the candidate's responsibility to stay current on any changes by maintaining regular contact with BCIA.

**Provisional Acceptance** It is the policy of BCIA to consider applications for certification and recertification on a provisional basis when an inquiry or other matter involving the applicant is pending before the Ethics Committee and until the matter is finally determined by the Ethics Committee or otherwise finally determined in the review process. Such certification or recertification is provisional pending the outcome of the matter, is subject to the final determination of the matter and may be conditioned upon compliance with the terms and conditions regarding certification or recertification as may be provided under such final determination.

**Timeframe and Order of Completing Certification Requirements** You may file your application at any time and you may complete the requirements in any order; however, we suggest this sequence: human A&P, didactics, mentoring, and the exam as your last requirement. A valid application must be on file prior to scheduling your exam. Applications are valid for two years. If certification is not completed during that period, the candidate may request a two-year extension with payment of an application revalidation fee of \$100.

**Verification of Information** All information submitted by the applicant is subject to verification. Falsification of information by a candidate is grounds for automatic rejection of the application, forfeiture of all fees, and denial of future applications for certification.

**Arbitration** Review within BCIA will be the final determination of all matters arising between the candidate and BCIA. However, if you believe grounds exist that would permit a court to overturn or modify BCIA's action, you may seek redress only through arbitration in Denver, CO. We suggest that you consult an attorney before invoking the arbitration procedure.

The applicant shall be liable for the cost of any arbitration or court proceedings, including reasonable attorney fees that are expended by BCIA in the defense of any proceedings brought by the applicant where the applicant does or does not prevail.

**Certification Period** Certification is valid for four years.

**Recertification** Recertification is obtained by: a) passing the written examination or b) by self attest of 55 hours of accredited continuing education, including 3 hours of ethics/professional standards, as specified by BCIA, during the fourth year of certification and payment of a \$225 recertification fee. Ten percent of all recertificants are audited. In this event, BCIA will request documentation of the 55 accredited hours of continuing education. Successful candidates for recertification are issued new certificates valid January 1 through December 31 four years later, thereby maintaining continuity of certification. All certificants must be free of sanction and agree to abide by BCIA Professional Standards and Ethical Principles.