



Biofeedback Certification Institute Of America

Application For Neurofeedback Certification

Please complete this form, providing documentation as instructed in each item below. **To be considered, applications must include signature and filing fee. 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 bachelor or higher degree from a regionally accredited academic institution in a BCIA approved clinical health care field 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. A complete list of approved fields is posted on our website at www.bcia.org. Degrees in health care fields other than those listed on the site must be submitted to the Special Review Committee. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

- Are you currently licensed/credentialed in your state to practice independently?
 Yes Please submit a copy of that license/credential.
 No As an unlicensed provider, I agree to work under appropriate supervision when treating a medical or psychological disorder.
- Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?
 No Yes If yes, please explain the circumstances and outcome.
- Is your license/credential currently under review by a disciplinary or regulatory agency?
 No Yes If yes, please explain the circumstances.
- Have you voluntarily surrendered a license/credential?
 No Yes If yes, please explain the circumstances and outcome.

Human Anatomy, Human Physiology, or Human Biology Course

A comprehensive course from a BCIA accredited program or a regionally accredited academic institution, including distance education, fulfills this requirement. This course must include the organization of the human body and the following systems: Integumentary, Skeletal, Muscular, Nervous, Special Senses, Circulatory, Respiratory, Digestive, Urinary, Endocrine, Reproductive.

Provide a transcript from an accredited college or university OR proof of successful completion of a course from a BCIA accredited training program. (Note: If the course title is different from the above, submit a letter from the instructor documenting that the requirements listed above were taught.)

Didactic Biofeedback Education – 36 hours

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

<u>EEG Blueprint Area</u>	<u>Hours</u>	<u>EEG Blueprint Area</u>	<u>Hours</u>
I Orientation to EEG Biofeedback	4	V Psychopharmacological Considerations	2
II Basic Neurophysiology & Anatomy	4	VI Treatment Planning	12
III Instrumentation & Electronics	8	VII Professional Conduct	4
IV Research	2		
		Total Hours	<u>36</u>

Documentation for Blueprint coverage will be accepted in the following formats:

- ____ 1. Transcripts from an accredited academic institution with didactic biofeedback courses clearly marked. In addition, a separate and signed document must be submitted, and signed by the instructor, stating the number of hours completed in each blueprint area.
- ____ 2. Hours are documented by a certificate/or letter of satisfactory completion from a BCIA accredited training program, stating the number of hours completed in each blueprint area.

Mentoring: Practical Neurofeedback Training – 25 contact hours with a BCIA approved mentor

Please see Guidelines & Policies for Mentoring Candidates for Neurofeedback Certification. Mentor's Information Form must be on file. Mentoring Contact Hours refers to the 25 hours of time spent to review 1, 2 and 3.

- 1. Personal Neurofeedback Training Demonstrating Ability to Self Regulate- 10 sessions**
- 2. Clinical Neurofeedback Treatment with Clients/Patients - 100 sessions**
- 3. Neurofeedback Case Conference - 10 Presentations**

I hereby attest that the candidate has completed 25 contact hours with me reviewing 1, 2, and 3.

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 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 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: _____

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 * 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 and is primarily maintained through continuing education and adherence to the BCIA Ethical Principles.

Recertification Recertification is obtained by: a) passing the written examination or b) by self attest of 55 hours of accredited and 25 hours of elective continuing education, 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 Ethical Principles.