



# Biofeedback Certification International Alliance

(formerly the Biofeedback Certification Institute Of America)

## Application For Technician Level Board Certification In Neurofeedback

Please complete this form, providing documentation as instructed in each item below. **To be considered, applications must include signature and filing fee. 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:** No formal degree required; however please furnish any relevant information:

Educational Institution	Degree	Field of Study	Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Supervisor's License/Credential for Independent Practice of Your**

When treating a medical or psychological disorder, you are required 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. This section applies to your supervisor of record. Should your work supervisor change, please notify BCIA immediately. Please include a copy of this license.

**Supervisor's Name:** \_\_\_\_\_  
 First Middle Last

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

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

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

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

**1. 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:

EEG Blueprint Area	Hours	EEG Blueprint Area	Hours
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	36

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 listing the number of hours completed in each blueprint area.

## 2. Human Anatomy, Human Physiology, or Human Biology Course

Applicants for Technician-Level Certification may satisfy the A & P requirement by a) completing a college-level anatomy and physiology course or b) by reading an undergraduate human anatomy and physiology text or *Barron's Anatomy and Physiology The Easy Way* (2<sup>nd</sup>) and then successfully completing the online Technician A & P exam.

## 3. Internship: Practical Neurofeedback Training with a BCIA approved mentor— 10 contact hours

Mentor's Application must be on file. Mentoring Contact Hours refers to 10 hours of time spent to review 20 patient sessions and learning basic equipment, electrode placements, and personal self-regulation skills.

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

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

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

## 4. 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 & 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: \_\_\_\_\_

## **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 an extension with payment of an application revalidation fee of \$100 for 2 years or \$50 for one additional year.

**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 PSEP.

**Recertification** Recertification is obtained by: a) passing the written examination or b) by self-attest of 30 hours of continuing education activities, a minimum of 15 hours of training and workshops and 15 through your immediate supervisor; and (c) payment of a \$225 recertification fee. Ten percent of all recertificants are audited. In this event, BCIA will request documentation of the specific continuing education activities. Successful candidates for recertification are issued new certificates valid January 1 through December 31 four years later, thereby maintaining continuity of certification. All certifiants must be free of sanction and agree to abide by BCIA Professional Standards & Ethical Principles of Biofeedback.

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)**