



Biofeedback Certification International Alliance - Australia

Application for Board Certification in Neurofeedback

Instructions: Please complete this form, providing documentation as instructed below. Only complete applications will be considered. Please print or type all information.

Name:		
First	Middle	Last
Affiliation/Company:		
Street Address:		
Suburb:	City:	
State:	Postcode:	
Phone No.:	E-mail:	

Professional Requirements *This information is required of all applicants.*

1. **Current CV or Resume:** (*Professional Career/Employment History*) Please submit your current CV, resume, or summary of professional career and employment history. Specific areas of requested information may be highlighted and numbered to correspond with that area of the application.

2. **Education:** Please list educational qualifications, including degree(s) conferred from a regionally accredited academic institution in a BCIA-A approved clinical health care field. Applicants who are not registered in an approved health care field must submit original transcripts from the University that granted their highest degree.

Educational Institution	Degree	Date Awarded	Health Care Field

3. **Registration for Professional Practice:** Please submit evidence of current professional registration for practice in a BCIA-A approved health care field within Australia. This can be a copy of your AHPRA board registration certificate or registration details including registration number and health profession. Registration will be verified by BCIA-A prior to final certification.

- A. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?
 No Yes If yes, please explain the circumstances and outcome.
- B. Is your registration currently under review by a disciplinary or regulatory agency?
 No Yes If yes, please explain the circumstances and outcome.
- C. Have you voluntarily surrendered registration?
 No Yes If yes, please explain the circumstances and outcome.

4. Human Anatomy, Human Physiology, Human Biology or Neuroanatomy Course

A comprehensive course(s) from a BCIA-A accredited program or a regionally accredited academic institution, including distance education, fulfils this requirement. Courses, other than neuroanatomy, must include the organization of the human body and the following systems: Integumentary, Skeletal, Muscular, Nervous, Special Senses, Circulatory, Respiratory, Digestive, Urinary, Endocrine, and Reproductive.

Documentation will be accepted in one of the following formats: (a) a transcript from an accredited college or university, (b) proof of successful completion of a course from a BCIA-A accredited training program (Note: If the course title is different from the above, submit a letter from the course coordinator documenting that the requirements listed above were taught.)

5. Neuroscience Course

A comprehensive University level course in neuropsychology, cognitive neuroscience or psychophysiology.

Documentation will be accepted in one of the following formats: (a) a transcript from an accredited college or university, (b) proof of successful completion of a course from a BCIA-A accredited training program (Note: If the course title is different from the above, submit a letter from the course coordinator documenting that the requirements listed above were taught.)

N.B.: For those who have not undertaken a University level course to meet requirements of [4] and/or [5] above, BCIA approved online courses may be available, for examples, at: <http://bio-medical.com/products/physiological-psychology-online-didactic-course.html>; www.behavmedfoundation.org; or <https://www.bsiwebinars.com/>

6. Didactic Neurofeedback Education – 36 hours

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

Neurofeedback Blueprint Area	Hours	Neurofeedback Blueprint Area	Hours
Orientation to Neurofeedback	4	Patient/Client Assessment	4
Basic Neurophysiology & Neuroanatomy	4	Developing Treatment Protocols	6
Instrumentation & Electronics	4	Treatment Implementation	6
Research Evidence for Neurofeedback	2	Current Trends in Neurofeedback	2
Psychopharmacological Considerations	2	Ethical & Professional Conduct	2

Documentation will be accepted in one of the following formats: (a) transcript from an accredited academic institution with didactic biofeedback courses clearly marked, (b) a certificate or letter of satisfactory completion from a BCIA-A accredited training program listing the number of hours completed in each blueprint area.

7. Practical Neurofeedback Training – 25 contact hours with a BCIA-A 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 A, B and C.

A. Personal Neurofeedback Training Demonstrating Ability to Self-regulate - 10 sessions

B. Clinical Neurofeedback Treatment with Clients/Patients - 100 sessions

C. Neurofeedback Case Conference - 10 Presentations

I hereby attest that the candidate has completed 25 contact hours with me reviewing A, B, and C.

Mentor's Signature: _____ Phone: _____

Print Name: _____

BCIA-A Certification # _____

8. Supplemental Experience and Professional Activity (not compulsory)

The following areas will be used by the committee to further assess the strength of the candidate's experience and training. Only complete items relevant to your situation.

a. Professional Instruction. Note details on CV or separately list the title, date, and location of relevant courses (academic or professional workshop) taught within the last 5 years. Only accredited courses will be considered.

b. Research/Publication. List the title/s of relevant peer-reviewed publication(s).

c. Presentations at Professional Society/Organization Meetings. List the title, date, and location of relevant presentations given at recognized meetings such as AAAPB, ISNR-Pacific Rim, ANSA, APS, etc.

d. Leadership Activities. List of all relevant activities to further demonstrate professional involvement in the field.

e. Prior BCIA Certification. Are you now or have you ever been certified by BCIA?
 Yes No

Please list year of original certification. _____ Was this a grandfathered certification?
 Yes No

9. 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 – Australia. 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 (PSEP) 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-A 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. 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 legal fees and other expenses of BCIA-A in any legal proceedings instituted by me.
4. I understand and agree that BCIA-A and its affiliates assume no responsibility for my actions or activities. I practice at my own risk and hereby release BCIA-A from any and all liability from any practice decisions I make.
5. I hereby give permission to BCIA-A 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-A 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: _____

- Pay the non-refundable \$200 AUD filing/application fee to BCIA-Australia

BSB: 032270

Acct: 307260

Ref: *Surname*BCN

Tax Invoice/Receipts will be issued by the BCIA-A Treasurer.

- Email application documents to: bciaaustralia@gmail.com or mail to:

BCIA-A
PO Box 6121 Halifax St
Adelaide, SA 5000

BCIA-A does not discriminate among applicants as to age, sex, race, religion, national origin, disability, or marital status. BCIA-A has the prerogative to establish and amend policies/procedures including fees as deemed appropriate.

Further Information on the BCIA-A Certification Program

Completing Certification Requirements

Submit your application and all supporting documents with a non-refundable \$200 AUD filing fee. Once your application is approved and accepted, you will be notified and will have 30 days to submit an additional Certification Fee to BCIA of [\\$275 USD](#) unless you are currently BCIA certified in another area, in which case the additional certification fee is \$100 USD.

If approved, your application will be recommended to the Board for final review. Upon acceptance by the Board, you will be issued a certificate that is valid for four years. As soon as your certification is finalized, your name and contact information will be added to our searchable register on the BCIA website.

Other Fees:

Application withdrawal fee: \$75

Application revalidation fee: \$50 for additional 1 year; \$100 for additional 2 years

Recertification Fee: \$100 AUD Application Fee & \$100 USD Recertification Fee every four years

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.

Recertification.

Recertification is obtained by: a) passing the written examination or b) by self-attest of 48 hours of accredited continuing education, including 3 hours of ethics, as specified by BCIA-A, during the fourth year of certification and payment of a recertification fee. Ten percent of all recertificants are audited. In this event, BCIA-A will request documentation of the 48 hours of continuing education. Recertification applications are available at the BCIA-A website page on www.bcia.org or upon request from bciaaustralia@gmail.com. Recertification materials are also sent to all certificants during their last year of certification. Successful candidates for recertification are issued new certificates valid January 1 until December 31 four years later, thereby maintaining continuity of certification.

Progressive Certification

BCIA has long recognized that maintaining and improving competency in our rapidly developing field requires lifelong continuing education and training. Thus in 1996 the BCIA Board voted to initiate a program of Progressive Certification recognizing ongoing commitment to professionalism and maintaining BCIA Certification. Biofeedback professionals who are certified by BCIA have earned the distinction of one of the following designations:

Certified

Associate Fellow

Fellow

Fellow 2

Senior Fellow

Senior Fellow Emeritus - Applies to retirement onward.