



The Biofeedback Certification International Alliance – Australia

Application for Neurofeedback Recertification – 2016-2017

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 Professional Designation (optional) This information will be printed on your certificate.
Affiliation/Company: _____
Street Address: _____
City, State & Code: _____
Phone No.: _____ Email: _____

License/Credential for Independent Practice: When treating a medical or psychological disorder, you are required to hold a current health care license/credential/registration or agree to work under the supervision of an appropriately credentialed health care professional. This credential in a BCIA-A approved health care field must be issued or recognized by the state in which you practice.

- 1. Are you currently licensed/credentialed in your state to practice independently? (e.g., AHPRA)
Yes Please submit a copy of that license/credential or complete the following:
Discipline & License # _____ Exp. Date: _____
No As an unlicensed provider, I agree to work under appropriate supervision when treating a medical or psychological disorder.
2. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?
No Yes If yes, please submit documentation of the circumstances and outcome.
3. Is your license/credential currently under review by a disciplinary or regulatory agency?
No Yes If yes, please submit documentation of the circumstances.
4. Have you voluntarily surrendered a license/credential?
No Yes If yes, please submit documentation of the circumstances and outcome.

I am applying for recertification by Continuing Education (CE). I attest to the completion of 48 hours of blueprint-relevant, accredited CE (including 3 hours of ethics) in the past 4 years. OR
I am applying for recertification by the successful completion of the written certification exam and I will contact BCIA to make specific arrangements, allowing at least 2 weeks for scheduling, and paying an additional \$50 fee plus any fees incurred for using the special exam options.

Audit: Ten percent of all applications will be audited. The candidate will be notified requesting a CE log with copies of proof of course completion to be submitted within 30 days. If there is no response to our request for documentation, the application will be considered incomplete. If an application is incomplete or withdrawn, the candidate will be given time to complete the requirements. All fees are non-refundable.

- Procedures: The candidate must:
a) complete and sign the application;
b) attest to completion of 48 hours of accredited hours of continuing education or complete the exam option;
c) agree to abide by BCIA’s Professional Standards and Ethical Principles of Biofeedback (PSEP); and
d) include all appropriate fees according to the schedule on the last page of this document.

Attestation: I hereby attest that I have completed BCIA-A requirements towards recertification in neurofeedback, i.e., accredited continuing education hours from any of the blueprint areas over the past four years or successful completion of the written exam. By attesting to the above requirements, I agree to provide all necessary documentation if my application is selected by BCIA-A for audit. I understand recertification will not be allowed unless I am able to document the requirements as requested.

Signature: _____ Date: _____

Agreement

1. I, the undersigned, do hereby make voluntary application to the Biofeedback Certification International Alliance - Australia (BCIA-A). I certify that the information given by way of this application is true, honest, and completely represents me. I understand that I must immediately inform BCIA-A if this information changes (e.g., loss of license or supervision).
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. I understand that my certification will be invalid if:
 - (a) my license is suspended, revoked, or not renewed due to an investigation of a complaint; and I am not allowed to provide services under supervision; or
 - (b) I lose and cannot replace primary supervision for the treatment of a medical or psychological disorder. I may only apply for recertification after documenting a state-issued license in a BCIA-A approved health care field or appropriate supervision.
3. I have 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 PSEP and any BCIA policies and procedures may be periodically amended 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-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 and to provide information regarding my application and supporting documentation, upon written request, to state or national regulatory agencies (licensing/credentialing). I recognize that BCIA-A cannot accept my application if I refuse to grant permission for verification of my credentials and sharing my application and supporting documentation.
6. I attest that any education listed in application materials is from regionally-accredited academic institutions and that any suffix used to represent my credentials will be from BCIA-recognized health care fields.

Signature: _____

Date: _____

Checklist for completing application for Recertification:

- Complete personal information and license area (e.g. copy of current of AHPRA rego).
- Read and sign attestations.
- Pay the non-refundable \$100AUD filing/application fee to BCIA-Australia

BSB: 032270

Acct: 307260

Ref: *Surname*BCN

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

- **Scan and email the application & supporting documents, WITHIN THE FIRST 6 MONTHS OF YOUR RECERTIFICATION YEAR*, to Applications' Secretary, bciaaustralia@gmail.com**

NB:

Once your application is accepted, you will be notified and then will have 30 days to submit your certification fee. This will be \$100 USD and paid directly to [BCIA online](#) (unless you are currently BCIA certified in another area e.g., HRV, in which case the additional certification fee is \$100).

Your application will be recommended to the BCIA 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 approved and finalized, your name and contact information will be added to our searchable register on the BCIA website.

*Applications for recertification are due within the first 6 months of your renewal year, i.e., if your certification is due to expire on the 01/12/17, please submit your recertification application between January and June 2017. Late fees will apply, see below:

- January 1 - June 30: \$100 AUD
- July 1 - October 31: \$125 AUD
- After November 1: \$175 AUD