



The Biofeedback Certification International Alliance

Application For Board Certification by Prior Experience In Neurofeedback

Instructions: Please complete this form, providing documentation as instructed in each item below. Please use the same name on all correspondence and 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.: _____ **E-mail:** _____

Professional Requirements This information is required of all applicants.

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

2. Education Please submit a transcript documenting “degree conferred” from a regionally accredited academic institution in a BCIA approved clinical health care field. A complete list of approved fields is posted on our website at www.bcia.org. One transcript required.

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

3. License/Credential for Independent Licensing information must be included with this application and will be verified by BCIA prior to final certification.

I am licensed to provide clinical services and ethically treat medical/psychological disorders within my scope of practice and under the laws of my state(s).

*Has your license ever been reviewed, investigated, or voluntarily surrendered or is it currently under review? Please explain further by attaching a description of the facts and the outcome. If there is a current investigation or issue, this application will not be processed further until the matter is resolved.

My license(s) to practice are as follows:

State/Province _____ Discipline _____

Lic. No. _____ Exp _____

4. 100 Hours of Neurofeedback-Relevant, Accredited, Post-Professional Education

Submit appropriate transcripts or certificates to document this work. Accredited refers to regionally accredited academic institutions; the national body of a BCIA accepted health care field (APA, AMA, etc.); and BCIA. Courses must taken from a BCIA-accredited didactic training program and completely cover the 36 hours of BCIA Blueprint of Knowledge Statements. The remaining 64 hours may be completed by any other BCIA-approved continuing education venue in any area of the blueprint and should document your continued involvement in the field over the last ten years.

5. a. Statement of Clinical Practice: 3,000 patient/client hours of relevant experience

Highlight this work on your CV and submit a written statement of clinical practice documenting a minimum of 3,000 clinical hours of direct patient/client care over at least 5 years using neurofeedback to treat pre-diagnosed medical or psychological disorders. Please see sample statement. It is required that the majority of this work be done within the past 10 years. Your statement of clinical practice should include: timeframe using neurofeedback in your clinical practice, the diagnoses you treat, setting (private practice, hospital, etc.), and the approximate number of patient/clients in that time frame.

b. Verification of Clinical Practice

Submit at least three letters from other professionals who have read and can verify your statement of clinical practice providing direct patient/client care using neurofeedback-assisted assessment and treatment procedures. It is strongly recommended that at least one letter should be from a BCIA certificant. Letters must be current and received by BCIA directly from the author, in hard copy with original signature. Please see the sample statement of clinical practice and sample recommendation letter posted on the website.

6. Neuroanatomy, Neurophysiology, Physiological Psychology - understanding the structure and function of the brain as used in your specific neurofeedback applications is a requirement for certification. I have completed the following courses:

neuroanatomy neurophysiology physiological psychology

neuroscience behavioral neuroscience

other courses – please list:

on the job trainings such as grand rounds

continuing education courses specific to the neuroanatomy related to the diagnoses you treat

significant independent reading and study – please describe further:

7. **Mentoring** – learning the application of clinical neurofeedback skills with patients/clients is a requirement for certification.

___ I have completed a minimum of 25 hours with a professional learning to apply practical neurofeedback skills. Mentoring implies at least an informal contract of learning objectives and may be done face to face, as phone or email consultation, or as part of an on-the-job training with an appropriately trained health care professional. This professional should meet the minimum requirements to be a BCIA mentor:

- BCIA certified or could demonstrate formal and equivalent training in neurofeedback in the specific area of practice
- At least 2 years using neurofeedback in clinical practice.

Supplemental Experience and Professional Activity

The following areas will be used by the committee to further assess the strength of the candidate's experience and training. You do not need to complete any item if it is not relevant to your situation. It is required that the majority of this work be done within the past 10 years.

1. **Professional Instruction.** Note on CV or submit the title, date, and location of relevant courses (academic or professional workshop) taught within the last 5 years. Only accredited courses will be considered.
2. **Research/Publication.** Note on CV or submit title of relevant peer-reviewed publication(s).
3. **Presentations at Professional Society/Organization Meetings.** Note on CV or submit the title, date, and location of relevant presentations given at recognized meetings such as AAPB, ISNR, APA, etc.
4. **Leadership Activities.** Note on CV or submit a list of all relevant activities to further demonstrate professional involvement in the field.
5. **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

Validation Exam

Upon approval of your application, you will have 1 year to make arrangements to take the written exam to be used for validation purposes. You may take the exam at any of the scheduled exam sites or may use the special exam option of an outside university or public library proctor for \$100 for the paper/pencil or \$25 for the online exam option. We are using your expertise to validate current and new exam items.

Agreement - BCIA Policies and Procedures for Dispute Resolution

This agreement must be signed and dated for this application to be accepted.

1. In these policies and procedures of the Biofeedback Certification International Alliance (BCIA) for Dispute Resolution, "policies and procedures" refers to the policies and procedures of the BCIA as they may be amended from time to time.

2. The form of application for certification and recertification by BCIA shall include the following agreement which sets forth five points which reflect the policies and procedures with respect BCIA's certification programs, is incorporated in these policies and procedures and is to be separately signed and dated by the applicant:

- 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.
- 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 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 PSEP and any BCIA 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.
- 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.
- 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.

3. The venue for any arbitration under these policies and procedures and proceedings with respect to the arbitration or other redress sought by a party who has agreed to be bound by the policies and procedures, shall be the city and county of Denver, state of Colorado, United States of America.

4. The arbitrator shall be designated by the board of directors.

5. The board of directors may specify a set of rules with respect to the arbitration that the arbitrator designated is familiar with. However, in the case of any conflict between any provision of the policies and procedures and a provision of such rules, the provision of the policies and procedures controls over the provision of such rules to the extent of any inconsistency.

6. The institution of any action, suit or other proceeding by a party bound by these policies and procedures that is not permitted under these policies and procedures shall be considered as a demand for arbitration under these policies and procedures and the board of directors may designate an arbitrator to hear and determine the matter and specify a set of rules with respect to the arbitration. The arbitrator shall enter an award which shall be dispositive of all matters raised in such other action or proceeding and any other matters as may be raised by such party to the extent permitted by the policies and procedures.

7. The arbitrator shall have the power and authority to determine the validity and scope of the arbitration agreement of the parties, the jurisdiction of the arbitrator, the arbitrability of matters presented, whether or not a party is bound by these policies and procedures, and all other matters to the fullest extent as may be permitted by an arbitration agreement of the parties under the proposed act for arbitration as revised and promulgated by the Uniform Law Commission in the year 2000 known as the Uniform Arbitration Act (2000) as such act is informed by the prefatory note and comments issued by the Uniform Law Commission with the act as so revised and promulgated, or, if more extensive power or authority may be conferred upon an arbitration under the Federal Arbitration Act, then to the fullest extent as may be permitted under the Federal Arbitration Act with respect to any such matter.

8. The arbitrator is bound in making the award and his or her other determinations by the PSEP as the PSEP may be amended from time to time and by these policies and procedures. The arbitrator shall have no power or authority to act or refrain from acting in any manner that is inconsistent in any respect with either the PSEP as so amended or these policies and procedures. The foregoing two sentences control over the other policies and procedures as they relate to arbitration or other redress by an applicant.

Signature	Date
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To be considered, applications must include signature, filing fee paid in US funds with check or credit card, and a copy of valid license to document proof of a BCIA recognized health care background. You may mail your documents and fees to the address below:

**BCIA
5310 Ward Road, #201
Arvada CO 80002
www.bcia.org - NO FAX**

You may scan and email your documents to info@bcia.org and use the links on www.bcia.org to pay your fees.

Overview of BCIA Certification Policies & Procedures

Please print this page and to keep for your records.

Discrimination BCIA does not discriminate among applicants as to age, sex, sexual orientation, 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.

Application Acceptance No applications for certification, recertification, or accreditation are considered when an inquiry or other matter involving the applicant is pending before any regulatory health care or other governmental agency, until the matter is finally determined. Application status with BCIA is subject to the final determination of the matter and may be conditioned upon compliance with the terms and conditions as may be provided under such final determination.

Fees, Timeframe, and Order of Completing Certification Requirements You may file your application with a non-refundable \$150 filing fee. Upon acceptance and approval, you may submit the additional \$275 certification fee. If BCIA certified in another area, the application filing fee is \$150; however the certification fee is reduced to \$75. You will have one year from final approval to make arrangements to take the written certification exam for validation purposes, either at a scheduled exam site or by the special exam option. All fees are non-refundable.

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: Upon final completion of all requirements and acceptance by the Board, you will be issued a paper certificate that is valid for four years. Your name and contact information will be added to our searchable register on the BCIA website.

Recertification Certificants are required to complete 48 hours of accredited continuing education related to the blueprint, including 3 hours in ethics or professional conduct, and pay a recertification fee according to the schedule below:

January 1 – June 30: \$225 July 1 – October 31: \$250 After November 1: \$275

If dual certified, each recertification fee will be in accordance with this schedule; however the fee will be reduced by \$25.

There are many ways to earn CE credit and candidates may elect to recertify by retaking and passing the certification exam.