

**Statement of Mentoring for  
Board Certification in Neurofeedback**

I hereby attest that \_\_\_\_\_ has completed \_\_\_\_ contact hours  
name of candidate

with me reviewing 5A, 5B, and 5C. (25 contact hours required)

**5-A. Personal Neurofeedback Training Demonstrating Ability to Self Regulate-  
\_\_\_\_\_ sessions – (10 sessions required)**

**5-B. Clinical Neurofeedback Treatment with Clients/Patients -  
\_\_\_\_\_ sessions - (100 patient/client sessions using neurofeedback required )**

**5-C. Neurofeedback Case Conference –  
\_\_\_\_\_ presentations (10 Presentations required)**

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

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