



# BCIA General Biofeedback Accredited Providers Course Report

Please return this form within 10 days of completion of the program to:  
BCIA – 5310 Ward Rd, #201 - Arvada CO 80002

1. Name of Accredited Provider: \_\_\_\_\_
2. Title of Program: \_\_\_\_\_
3. Name of Individual Completing This Report: \_\_\_\_\_
4. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
5. Date(s) of Program: \_\_\_\_\_
6. Number of Hours Offered: \_\_\_\_\_
7. Number of Trainees in Program: \_\_\_\_\_

8. Attach a typed roster of attendees on a separate page containing:  
Name, Address, City, State, Zip, Phone and Email address.

9. Please enclose fees by either check made payable to BCIA or credit card.  
\*The program offered 48 hours of didactic education:  
Fee is \$50/trainee x \_\_\_\_\_ number of trainees = \$\_\_\_\_\_ amount enclosed.  
\*The program offered less than 24 hours:  
Fee is \$2 x \_\_\_\_\_ # of hours x \_\_\_\_\_ # of trainees = \$\_\_\_\_\_ amount enclosed.

10. Didactic hours were provided by BCIA approved faculty as follows:

	<u>Blueprint Area</u>	<u># Hours Taught</u>	<u>Name of Faculty &amp; BCIA #</u>
I.	Orientation to Biofeedback	_____	_____
II.	Stress, Coping & Illness	_____	_____
III.	Psychophysiological Recording	_____	_____
IV.	sEMG Applications	_____	_____
V.	ANS Applications	_____	_____
VI.	EEG Applications	_____	_____
VII.	Adjunctive Interventions	_____	_____
VIII.	Professional Conduct	_____	_____