BCIA Mentoring for HRV Biofeedback Certification
Time/Activities Log Form

Applicant _____

Mentor_____ **Certification #** _____

The log below lists the specific dates, times and descriptions of mentoring activities being presented for certification.

Date	Contact Hours 10	Description of Mentoring Activities	Personal BF Sessions (10)	Client Sessions (20)	Case Studies (5)

Contact Hours Completed with Mentor: _____ **Hours**

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ **Date:** _____

Applicant Signature _____ **Date:** _____