



# The Biofeedback Certification International Alliance

## Application for a Certificate in HRV Biofeedback

Please complete this form, providing documentation as instructed in each item below. **Please print or type all information.**

Name:			
First	Middle	Last	(Degree for certificate, optional – this information will be printed on your certificate)
Affiliation:			
Street Address:			
City, State, Zip:			
Phone Number:		Email:	

Education			
Educational Institution	Degree	Date Awarded	Health Care Field

**License/Credential for Independent Practice** When treating a medical or psychological disorder, you are required to hold a current health care license or agree to work under the supervision of an appropriately credentialed health care professional. This credential in a BCIA-approved health care field must be issued or recognized by the state in which you practice. ***\*All applicants who live and work outside the US and Canada must carry a valid health care license/credential.\****

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). **In order for this application to be valid, you must submit a copy of that license/credential.** My license(s) to practice are as follows:

State/Province:	Discipline:
Lic. #:	Exp Date:

Currently or ever, has your license been reviewed, investigated, or voluntarily surrendered? 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.

- I am not licensed to provide clinical services and cannot ethically and independently treat medical/psychological disorders under the laws of my state(s). *You must check each of the following to be eligible for certification or recertification:*
- I have never had a license that was removed or surrendered due to a complaint filed against me.
- I will only treat medical/psychological disorders under an appropriately licensed supervisor in accordance with my level of competence, scope of practice, and under my state laws. My primary supervisor's contact information is listed below (if applicable):

Name:	Discipline:
Lic. #:	Exp Date:

### Didactic Education

**Blueprint** – Completion of 16 hours of didactic course work from a BCIA-approved HRV biofeedback didactic program(s) that fully covers the BCIA HRV blueprint.

HRV Anatomy/Physiology	3 hours	HRV Measurements	2 hours
Heart Rate Variability	2 hours	HRV Biofeedback Strategies	4 hours
HRV Instrumentation	3 hours	HRV Biofeedback Applications	2 hours

### Ethics/Professional Conduct

Completion of 3 hours of course work taken within the last 5 years: BCIA accredited training programs, university or national professional organizational courses, BCIA webinars or CE articles, etc. as would be appropriate for BCIA certification or recertification. Please include copies of certificates of completion documenting completion of these requirements.

### Exam

When you have been notified that your application has been accepted, you may make plans to take your written exam either at a scheduled exam site or by using the online special exam option for no additional fee. You will be asked to sign and return an Exam Confidentiality Statement prior to the exam.

## 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.

<b>Signature</b>	<b>Date:</b>
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## Overview of BCIA Certification Policies & Procedures

Please print this page and keep for your records.

### Filing an application

To be considered, applications must include signature, filing fee paid in US funds with check or credit card, and transcript or copy of valid license to document proof of a BCIA recognized health care background.

This application may be sent by USPS or electronically.

- Mail application and filing fee to:

**BCIA**  
**5310 Ward Road, #201**  
**Arvada CO 80002**  
e-mail: [info@bcia.org](mailto:info@bcia.org) \* [www.bcia.org](http://www.bcia.org) - NO FAX

- Email this document to [info@bcia.org](mailto:info@bcia.org) and use the online payment options.

**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 BCIA programs 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 Requirements** You may file your application with a \$25 filing fee if you are BCIA certified or a student pursuing a BCIA-approved health care degree from a regionally accredited academic institution. A \$50 filing fee is required for all other applicants. A valid application must be on file and a filing fee must be paid prior to scheduling your exam. Applications are valid for two years. If the certificate program requirements are not completed during that period, the candidate may request a two-year extension with payment with a revalidation fee of \$25.

**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.