BCIA Mentoring for Biofeedback or Neurofeedback Recertification
Time/Activities Log Form

Applicant _____ **Certificate #** _____

Mentor_____ **Certificate #** _____

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

Date	Hours	Description of Mentoring Activities	Initials of the Candidate	Initials of the Mentor

Hours Completed with Mentor _____ **Hours**

Total Hours Completed (up to 20 across the 4 year recertification cycle)_____

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ **Date:** _____

Applicant Signature _____ **Date:** _____