



BCIA Mentoring for Neurofeedback 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	25 Contact Hours	Description of Mentoring Activities	10 Personal Sessions	100 Patient/Client Sessions	10 Case Conferences

Contact Hours Completed with Mentor: _____ Hours

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ Date: _____

Applicant Signature _____ Date: _____

Note: More than one mentor may be used. Please submit this form for each mentor.