



Biofeedback Certification Institute Of America

Application Pelvic Muscle Dysfunction

Biofeedback Certification

Please complete this form, providing documentation as instructed in each item below. **To be considered, applications must include signature and filing fee. Transcript must be on file. Please print or type all information.**

Name: _____
First Middle Last (Degree for certificate, optional – This information will be printed on your certificate.)

Affiliation/Company: _____

Street Address: _____

City, State & Zip: _____

Phone No.: _____ **Email:** _____

1. Current BCIA General Biofeedback Certification # _____, if applicable.

2. Education Official transcript documenting a bachelor or higher degree from a regionally accredited academic institution in a BCIA approved clinical health care field should come to BCIA directly from the institution granting the degree. “Regionally accredited academic institution” refers to an Accredited Institution of Postsecondary Education as determined by the American Council on Education. A complete list of approved fields is posted on our website at www.bcia.org. Degrees in health care fields other than those listed on the site must be submitted to the Special Review Committee. Degrees earned outside the United States will be accepted only if the documents have been translated and evaluated by an agency accredited by the National Association of Credential Evaluation Services (NACES).

Educational Institution	Degree	Date Awarded	Health Care Field

3. License/Credential for Independent Practice

You must currently be licensed/credentialed at the state or national level to practice in a health care profession such as medicine, nursing, psychology, occupational or physical therapy.

- A. _____ I am currently licensed/credentialed in my state to practice independently. I have enclosed a copy of that license/credential.
- B. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?
_____ No _____ Yes If yes, please explain the circumstances and outcome.
- C. Is your license/credential currently under review by a disciplinary or regulatory agency?
_____ No _____ Yes If yes, please explain the circumstances.
- D. Have you voluntarily surrendered a license/credential?
_____ No _____ Yes If yes, please explain the circumstances and outcome

4. Human Anatomy, Human Physiology, or Human Biology Course

Provide a transcript from an accredited college or university OR proof of successful completion of a course from a BCIA accredited training program. (Note: If the course title is different from the above, submit letter from the instructor documenting that the requirements listed above were taught.)

5. Didactic Biofeedback Education Submit academic transcript or a certificate of successful completion from a BCIA accredited program that documents coverage of the blueprint for Pelvic Muscle Dysfunction Biofeedback as follows:

I: Applied Psychophysiology & Biofeedback- 5 Hrs
II: Pelvic Floor Anatomy, Surface EMG Assessment of Pelvic Floor Musculature, Clinical Practice Procedures – 5.5 Hrs
III: Clinical Disorders I: Bladder Dysfunction –4.5 Hrs
IV: Clinical Disorders II: Bowel Dysfunction – 4.5 hrs
V: Clinical Disorders III: Chronic Pelvic Pain Syndromes – 4.5 hrs

Documentation for Blueprint coverage will be accepted in the following formats:

- ___ A. Transcripts from an accredited academic institution with didactic biofeedback courses clearly marked. In addition, a separate and signed document must be submitted, and signed by the instructor, stating the number of hours completed in each blueprint area.
- ___ B. Hours are documented by a certificate/or letter of satisfactory completion from a BCIA accredited training program, stating the number of hours completed in each blueprint area.

Clinicians who are currently BCIA certified in General Biofeedback do not have to complete Section I of the blueprint. They must; however, show appropriate coverage in all other study areas.

6. Mentored Biofeedback Training Please see Guidelines & Policies for Biofeedback Mentoring Candidates for BCIA Certification. Mentor’s Information Form must be on file. Mentoring Contact Hours refers to the 22 hours of time spent to review 6a, 6b and 6c.

6a. 12 Contact Hours to review 30 patient/client sessions:

Mentor Signature: _____ **Phone:** _____
Print Name: _____ **BCIA Cert. #:** _____

6b. 6 Contact Hours to supplement the candidate’s specific training and education:

Mentor Signature: _____ **Phone:** _____
Print Name: _____ **BCIA Cert. #:** _____

6c. 4 hours – Practicum/Personal Training – (This may be documented by a certificate of attendance from a BCIA accredited training provider or by the signatures below.)

Mentor Signature: _____ **Phone:** _____
Print Name: _____ **BCIA Cert. #:** _____

7. 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 special exam option. Requirements may be met in any order and do not have to be completed prior to the exam.

8. Agreement

1. I, the undersigned, do hereby make voluntary application to 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.

2. 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.

3. I have received, read and agree to be bound by the BCIA Ethical Principles of Biofeedback and their policies and procedures. I understand that the Principles, 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.

4. 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.

5. 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.

BCIA reserves the right not to accept your application based on any information submitted. To be considered, applications must include signature and filing fee. Transcript must be on file.

Signature: _____ Date: _____

Mail application and fees to:

BCIA
10200 West 44th Avenue, Suite 310
Wheat Ridge CO 80033 - 2840

Phone: (303) 420-2902 * Fax: (303) 422-8894 * e-mail: info@bcia.org * www.bcia.org

Further Information

BCIA does not discriminate among applicants as to age, sex, race, religion, national origin, disability, or marital status. BCIA has the prerogative to establish and reverse policies/procedures including fees and dates as deemed appropriate.

It is the policy of BCIA to consider applications for certification and recertification on a provisional basis when an inquiry or other matter involving the applicant is pending before the Ethics Committee and until the matter is finally determined by the Ethics Committee or otherwise finally determined in the review process. Such certification or recertification is provisional pending the outcome of the matter, is subject to the final determination of the matter and may be conditioned upon compliance with the terms and conditions regarding certification or recertification as may be provided under such final determination.

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 the BCIA Office.

Please read and be familiar with the Certification Policies and Procedures of BCIA. These policies address the written exam, withdrawal and reapplication, and arbitration.

Time Frame for Completing Certification Requirements Once completed and accepted, the approved application is valid for two years. If certification is not completed during that period, the candidate may request a two-year extension with payment of an application revalidation fee of \$100.

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.

Arbitration Review within BCIA will be the final determination of all matters arising between the candidate and BCIA. However, if you believe grounds exist that would permit a court to overturn or modify BCIA's action, you may seek redress only through arbitration in Denver, CO. We suggest that you consult an attorney before invoking the arbitration procedure.

The applicant shall be liable for the cost of any arbitration or court proceedings, including reasonable attorney fees, that are expended by BCIA in the defense of any proceedings brought by the applicant where the applicant does or does not prevail.

Certification Timeframe Certification is valid for three years and is primarily maintained through continuing education and adherence to the BCIA Ethical Principles.

Recertification is obtained by: a) passing the written examination or b) by self attest of 36 hours of accredited and 20 hours of elective continuing education, as specified by BCIA, during the third year of certification and payment of a \$150 recertification fee. Ten percent of all recertificants are audited. In this event, BCIA will request documentation of the 36 accredited hours of continuing education. Successful candidates for recertification are issued new certificates valid January 1 until December 31 three years later, thereby maintaining continuity of certification. All certificants must be free of sanction and agree to abide by BCIA Ethical Principles.