



Biofeedback Certification Institute Of America

Application For Certification by Prior Experience in General Biofeedback

Instructions: Please complete this form, providing documentation as instructed in each item below. Only complete applications will be considered. Print or type all information. **Sending documents electronically is preferable. If printed, please send 3 copies of all items except the license.**

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.: _____ **E-mail:** _____

Professional Requirements This information is required of all applicants.

1. Current CV or Resume (Professional Career/Employment History) Please submit a current CV, resume, or summary of your professional career and employment history. Specific areas of requested information may be highlighted and titled to correspond with that area of the application.

2. Education Please submit a transcript documenting “degree conferred” from a regionally accredited academic institution in a BCIA approved clinical health care field. A complete list of approved fields is posted on our website at www.bcia.org. One transcript is required.

<i>Educational Institution</i>	<i>Degree</i>	<i>Date Awarded</i>	<i>Health Care Field</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. License/Credential for Independent Practice Please submit proof of a current, valid license/credential, issued by the state in which you practice, in a BCIA approved health care field as listed on our website at www.bcia.org. You may submit a copy of your license/credential or a copy of your information from the professional website of the issuing agency. Licensing information will be verified by BCIA prior to final certification.

a. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?

_____ No _____ Yes If yes, please explain the circumstances and outcome.

b. Is your license/credential currently under review by a disciplinary or regulatory agency?

_____ No _____ Yes If yes, please explain the circumstances and outcome.

c. Have you voluntarily surrendered a license/credential?

_____ No _____ Yes If yes, please explain the circumstances and outcome.

4. 100 Hours of Biofeedback-Relevant Accredited Post Professional Education

Submit appropriate transcripts or certificates to document this work. Accredited refers to regionally accredited academic institutions; the national body of a BCIA accepted health care field (APA, AMA, etc.); and national or local biofeedback organization meetings. Courses must completely cover the 48 hours of BCIA Blueprint of Knowledge Statements. The remaining 52 hours may be completed by any other BCIA-approved continuing education venue in any area of the blueprint and should document your continued involvement in the field over the last ten years.

5. a. Statement of Clinical Practice: 3,000 patient/client hours of relevant experience

Highlight this work on your CV and submit a written statement of clinical practice documenting a minimum of 3,000 clinical hours of direct patient/client care over at least 5 years using biofeedback to treat pre-diagnosed medical or psychological disorders. Please see sample statement. It is required that the majority of this work be done within the past 10 years. Your statement of clinical practice should include: timeframe using biofeedback in your clinical practice, the diagnoses you treat, setting (private practice, hospital, etc.), and the approximate number of patient/clients in that time frame.

b. Verification of Clinical Practice

Submit at least three letters from other professionals who have read and can verify your statement of clinical practice providing direct patient/client care using biofeedback-assisted assessment and treatment procedures. It is strongly recommended that at least one letter should be from a BCIA certificant. Letters must be current and received by BCIA directly from the author. Please see the sample statement of clinical practice and sample recommendation letter.

6. Human Anatomy/physiology or Human Biology - understanding the relation and function of bodily systems used in your specific biofeedback applications is a requirement for certification. I have completed this requirement with the following courses:

formal A&P physiology human biology kinesiology

pre-med or other university work not consistent with my current profession

physiological psychology course other courses – please list:

on the job trainings such as grand rounds

ce courses specific to the anatomy/physiology related to the diagnoses you treat

significant independent reading and study – please describe further.

7. **Mentoring** – learning the application of clinical biofeedback skills with patients/clients is a requirement for certification.

____ I have completed a minimum of 25 hours with a professional learning to apply practical biofeedback skills. Mentoring implies at least an informal contract of learning objectives and may be done face to face, as phone or email consultation, or as part of an on-the-job training with an appropriately trained health care professional. This professional should meet the minimum requirements to be a BCIA mentor:

- BCIA certified or could demonstrate formal and equivalent training in biofeedback in the specific area of practice
- At least 2 years using biofeedback in clinical practice.

Supplemental Experience and Professional Activity

The following areas will be used by the committee to further assess the strength of the candidate's experience and training. You do not need to complete any item if it is not relevant to your situation. It is required that the majority of this work be done within the past 10 years.

1. **Professional Instruction.** Note on CV or submit the title, date, and location of relevant courses (academic or professional workshop) taught within the last 5 years. Only accredited courses will be considered.
2. **Research/Publication.** Note on CV or submit title of relevant peer-reviewed publication(s).
3. **Presentations at Professional Society/Organization Meetings.** Note on CV or submit the title, date, and location of relevant presentations given at recognized meetings such as AAPB, ISNR, APA, etc.
4. **Leadership Activities.** Note on CV or submit a list of all relevant activities to further demonstrate professional involvement in the field.
5. **Prior BCIA Certification.** Are you now or have you ever been certified by BCIA?
 Yes No

Please list year of original certification. _____

Was this a grandfathered certification? Yes No

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

Certification Policies

Discrimination BCIA does not discriminate among applicants as to age, sex, race, religion, national origin, disability, or marital status.

Change of 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.

Provisional Acceptance 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.

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 not prevail.

Completing Certification Requirements Submit your application and all supporting documents with a non-refundable \$150 filing fee. Upon acceptance and approval, you will have 30 days to submit the additional \$245 certification fee. If BCIA certified in another area, the additional certification fee is \$145.

If approved, your application will be recommended to the Board for final review. Upon acceptance by the Board, you will be issued a certificate that is valid for four years. As soon as your certification is finalized, your name and contact information will be added to our searchable register on the BCIA website.

Certification Timeline Certification is valid for four years ending December 31 and is primarily maintained through continuing education and adherence to BCIA Ethical Principles.

Recertification Recertification is obtained by: a) passing the written examination or b) by self attest of 55 hours of accredited and 25 hours of elective continuing education, as specified by BCIA, during the fourth year of certification and payment of a \$225 recertification fee. Ten percent of all recertificants are audited. In this event, BCIA will request documentation of the 55 accredited hours of continuing education. Successful candidates for recertification are issued new certificates valid January 1 through December 31 four years later, thereby maintaining continuity of certification. All certificants must be free of sanction and agree to abide by BCIA Ethical Principles.

Progressive Certification BCIA has long recognized that maintaining and improving competency in our rapidly developing field requires lifelong continuing education and training. Progressive Certification is based on the number of years an individual is certified and recertified, progressing through a series of levels from Certificant to Senior Fellow ending with the title of Emeritus upon retirement.