



# **BCIA HRV CERTIFICATION MENTORING HANDBOOK**

**November 2024**



**BCIA**  
**HRV BIOFEEDBACK CERTIFICATION**  
**MENTORING HANDBOOK**

**TABLE OF CONTENTS**

3 - 7 .....	Mentoring Guidelines
8 - 10 .....	Essential Skills Checklist
11 - 13 .....	Certified Mentoring Application
14 - 17 .....	Non-Certified Mentoring Application
18 - 19 .....	Mentoring Agreement Letter
20 .....	Statement of Mentoring
21 - 22 .....	Log Sheets
23- 26 .....	Mentoring FAQ's



# The Biofeedback Certification International Alliance

## Guidelines & Policies For Mentoring

### Candidates for Board Certification in HRV Biofeedback

BCIA believes that mentoring is essential to ensuring quality in the delivery of biofeedback services and that it is critical to the training of beginning biofeedback providers. This document is intended to provide a framework for mentoring of candidates for Board Certification. Both the mentor and candidate should operate within applicable local, state, and federal laws that govern their practice; the BCIA Professional Conduct and Ethical Principles of Biofeedback (PSEP); and the ethical principles of their profession/occupation. Mentoring does not substitute for supervision required for professional licensure or insurance reimbursement.

Mentoring involves a relationship between a mentor and candidate that promotes the development of skill, knowledge, responsibility, and ethical standards in the practice of biofeedback. Through mentoring, the candidate learns to apply these skills to specific practice situations.

## I. Definitions

- A. *Mentoring* is the process of transmitting knowledge and skills from the trained to the untrained or the experienced to the less experienced practitioner.
- B. *Candidate* is one who has submitted an application with documentation of the educational prerequisite and a filing fee, and has been approved.
- C. *Supervision* is the legal oversight and responsibility for the work of an unlicensed person. This is regulated by the state board of the licensed professional. In some cases a mentor and supervisor may be one in the same. Because supervision is regulated by state licensing boards, it is imperative that a licensed provider understand their own practice standard guidelines and abide by the laws that govern their license and their scope of practice.

## II. Qualifications and Limitations of Mentors

The following criteria are required for an individual to serve as a mentor:

- A. **BCIA Certification**  
The mentor must be Board Certified in HRV Biofeedback (BCB-HRV). Occasionally, because of geographic location or other special circumstances, a candidate cannot be mentored by a professional who is Board certified. If there is a professional available who by exceptional merit and experience would be able to provide appropriate mentoring, a special review of his/her credentials is requested prior to starting training. This is referred to as a Non-Certified mentor.
- B. **Experience**  
The mentor must have at least two years experience in the practice of HRV biofeedback and with a similar client base as the candidate. HRV biofeedback must be a significant portion of the person's professional work.

### C. Limitations

A mentor should operate within applicable local, state, and federal laws as well as in accordance with the regulations of their profession or occupation. Mentors should operate within the limits of their expertise, training, and professional license/credential.

Mentorship does not substitute for supervision required for professional licensure and it does not assume responsibility for the work of an unlicensed person. These are unique and separate contractual agreements between two professionals.

## III. HRV Biofeedback Mentoring Requirements

Mentoring involves two essential components: contact hours with the mentor and hands-on practical experience, and should be provided by a Board certified clinician (BCB-HRV), who has been approved to serve in this capacity.

### A. Mentoring Contact Hours

The mentor and candidate must have a minimum of 10 contact hours together. At least two of the contact hours must involve direct observation. All mentoring contact hours may be completed face-to-face or through the use of live phone and/or web meetings, including the two hours of direct observation, so long as the mentor can view the candidate's screen during a live session. All sessions are a minimum of 20 minutes. Below is a summary of the practical training requirements.

### B. Hands-On Practical Experience

The 10 contact hours with a BCIA approved mentor are to review:

- 10 sessions of personal HRV biofeedback training, demonstrating self-regulation,
- 20 sessions of patient/client treatment, using HRV biofeedback, including BVP or ECG training and respirometer (respiratory biofeedback) training.
- Discussion of five case studies.

1. *10 Sessions of Personal HRV Biofeedback Training* - The candidate is hooked up and using HRV biofeedback for self-regulation training. The mentor should review the candidate's self-regulatory skills demonstrated with no less than 10 sessions of personal training involving HRV biofeedback. The candidate may elect to be trained by the mentor as a real client or can review their completed HRV biofeedback sessions with the mentor.
2. *20 Patient/Client Sessions* - The candidate is attaching the electrodes and running the full sessions, not merely observing a minimum of 20 separate HRV biofeedback sessions, including BVP or ECG, and respirometer training. The mentor should review the candidate's work with a variety of conditions. Each session must be at least 20 minutes in length. The twenty sessions should include at least four clients who should be seen for at least four sessions each (16 sessions all together). The remaining four sessions may be used for any of the aforementioned clients or any other single or multi-session clients. Overall, the 20 sessions should extend over a minimum of 10 weeks. The mentor should make sure the candidate has good skills in HRV biofeedback as well as proper and proficient use of equipment and hook-up techniques.

3. **5 Case Studies:** The case study presentations should reflect a client's treatment process from intake through protocol selection/adjustment, and discharge. These should be actual cases presented either by the mentor to broaden the candidate's exposure to a wide variety of HRV biofeedback scenarios or can be presented by the candidate, but only if the cases are ones not previously discussed in the 20 patient/client sessions. This is the only type of mentoring that is well done in online group settings. BCIA also offers mentoring webinars, each providing one contact hour to review two case studies.

C. Essential Skills List

A candidate should be able to demonstrate mastery of these basic skills as attested by their BCIA-approved Mentor, who will work with the candidate to assess each item and initial as completed.

#### IV. **Obligations and Responsibilities of the Mentor**

- A. Experienced professionals have an obligation to provide mentoring to those entering the field, thus ensuring that new providers are adequately trained. Mentors are not responsible for the patient, unless they are also licensed as supervisors who have taken legal responsibility for the client. The process of mentoring is simply teaching the hands-on application of biofeedback skills.
- B. Mentors should maintain objectivity and should have no conflict of interest, including dual relationships. *BCIA does not endorse providing mentoring to a family member.* Although the mentor is in a position of power, the candidate must be treated with respect. This position must not be used to exploit the candidate in any way, including sexual harassment.
- C. The mentor also has an obligation to the patients/clients of the candidate, and must take appropriate action against unethical conduct of the candidate and one's self. If the mentor believes that the candidate is unqualified to deliver biofeedback services, this must be clearly stated through an evaluation or some other appropriate method.

#### V. **Professional Commitment**

BCIA expects mentors to be:

- Active in the field of biofeedback and their profession as evidenced by affiliations with professional organizations and as required for BCIA recertification.
- Free of active sanction by a disciplinary proceeding.
- Involved in formalized training and professional development in the practice of biofeedback. This may include workshops, continuing education programs, and study of current literature.
- Experienced with the candidate's client population and methods of practice.
- Knowledgeable about issues related to diversity such as race, language, culture, gender, sexual orientation, age, and disability.
- Technically and professionally experienced with a major time and career commitment to the field of applied psychophysiology and biofeedback.

## **VI. Client Confidentiality**

BCIA encourages clinicians to maintain HIPAA compliant methods for all electronic communications. This would include communications with mentors, colleagues, other professionals, and insurance companies. Such compliance would include, but not be limited to, use of coded numbers in place of names, using initials, altered birth dates, blacking out identifying information, or other means of making patient identification impossible. BCIA encourages individuals to check with their employer, risk manager, or HIPAA regulations to make certain they are in compliance.

## **VII. Procedures**

- A. BCIA recommends that mentoring of biofeedback training with patients/clients should take place after the candidate is a pre-qualified BCIA applicant and completes didactic training through an accredited training program, unless the training is part of a degree granting program from an accredited college or university that offers course work concurrently with a practicum.
- B. Mentoring can begin when the candidate can demonstrate some basic competence with equipment and is only the time spent reviewing the actual work as outlined by BCIA. Primarily working on equipment issues or technical support is not mentoring and should not be included.
- C. **Filing a Mentor Application**  
The Certificant should file a Mentor Application and await approval from BCIA prior to beginning hands-on training. Approved applications are valid for one year and during that time, the mentor may simply email BCIA with new candidate names or any significant changes to the information.
- D. **Mentoring Agreement**  
BCIA recommends, but does not require, a written mentoring agreement that should be signed by both the mentor and candidate prior to starting to work together. It should be amended and renegotiated as needed to reflect any necessary changes. The agreement should include, but not be limited to the following:
  - 1. obligations of the mentor and the candidate.
  - 2. a set period of time (no more than one year) or renegotiated at the end of the time.
  - 3. a statement to abide by the ethical principles of the mentor's profession and the BCIA Professional Standards and Ethical Principles of Biofeedback. (PSEP).
  - 4. a plan to address conflicts between mentor and candidate.
  - 5. a fee charged for mentoring.
  - 6. a process for termination of the mentoring relationship.
  - 7. an evaluation or performance appraisal to be done at specified intervals.

## **E. Documentation**

1. **Recording Contact Hours and Sessions**  
Mentoring progress should be recorded by both the mentor and candidate. BCIA provides an optional log sheet that can serve as a recording document during the mentoring process.
2. **Mentor's Signature Upon Completion**  
The application contains a section that can be signed upon completion of the work with the candidate. There is a separate statement one can submit to document exactly what was done with the candidate. Some candidates work with more than one mentor, so it is imperative that the mentor edit the statement and sign off on only what was accomplished.
3. **Essential Skills List**  
This checklist must be reviewed with the candidate and the mentor must initial as each skill is tested and approved. Should the entire list not be completed, the mentor is to sign off only on what was approved and submit the list directly to BCIA, not to the candidate.

## **VIII. Liability Issues**

Although it is rare for a mentor to be held liable for the mistakes made by the candidate, we advise prudence when the treatment of patients is involved. We strongly advise that the mentor verify the professional liability insurance of the candidate when the treatment of patients is involved. It is ill advised to treat patients without obtaining professional liability insurance. In order to avoid liability problems, we strongly advise that the following risk management procedures be instituted by the mentor.

- A. Monitor the candidate's professional functioning as well as the mentoring process on a regular basis. Document all interactions.
- B. Ensure that biofeedback services are performed according to accepted standards.
- C. To protect patient confidentiality, a mentor should insist on an informed consent form regarding disclosure of information if the identity of the client/patient is evident.
- D. Identify any practice that might pose a danger to patients/clients and quickly take remedial action.
- E. Identify any inability to practice due to impairment by alcohol, drugs, illness, stress, or personal problems.

## **IX. Continuing Education Credit**

In order to receive accredited hours for BCIA recertification, an approved Mentor Application should be on file with BCIA. A mentor may earn 5 Accredited CE hours for each pre-approved candidate who is mentored for a minimum of 15 hours.



## Essential Skills Checklist for BCIA Certification in HRV Biofeedback

*A beginning HRV biofeedback practitioner should be able to demonstrate mastery of the following basic skills, as attested by their BCIA-approved Mentor(s) who will initial each item as completed.*

### Blood Volume Pulse

- \_\_\_\_\_ Explain the blood volume pulse signal and biofeedback to a client.
- \_\_\_\_\_ Explain PPG sensor attachment to a client and obtain permission to monitor her.
- \_\_\_\_\_ Explain how to select a placement site and demonstrate how to attach a PPG sensor to minimize light and movement artifacts.
- \_\_\_\_\_ Perform a tracking test by asking your client to raise the monitored hand above the heart and then lower the hand.
- \_\_\_\_\_ Identify common artifacts in the raw PPG signal, especially movement, and explain how to control for them and remove them from the raw data.
- \_\_\_\_\_ Explain the major measures of heart rate variability, including HR Max - HR Min, pNN50, SDNN, and SDRR.
- \_\_\_\_\_ Explain why we train clients to increase power in the low-frequency band of the ECG and how breathing at 5-7 breaths per minute helps them accomplish this.
- \_\_\_\_\_ Demonstrate how to instruct a client to utilize a feedback display.
- \_\_\_\_\_ Describe strategies to help clients increase their heart rate variability.
- \_\_\_\_\_ Demonstrate an HRV biofeedback training session, including record keeping, goal setting, site selection, baseline measurement, display and threshold setting, coaching, and debriefing at the end of the session.
- \_\_\_\_\_ Demonstrate how to select and assign a practice assignment based on training session results.
- \_\_\_\_\_ Evaluate and summarize client/patient progress during a training session.

### ECG/EKG

- \_\_\_\_\_ Explain the ECG signal and biofeedback to a client.
- \_\_\_\_\_ Explain ECG sensor attachment to a client and obtain permission to monitor her.
- \_\_\_\_\_ Explain how to select a placement site and demonstrate how to attach ECG sensors to minimize movement artifact.
- \_\_\_\_\_ Demonstrate skin preparation.



- \_\_\_\_\_ Perform a tracking test by asking your client to inhale slowly and then exhale as you watch the change in heart rate.
- \_\_\_\_\_ Identify movement artifact in the raw ECG signal and explain how to control movement and remove this artifact from the raw data.
- \_\_\_\_\_ Explain the major measures of heart rate variability, including HR Max - HR Min, pNN50, SDNN, and SDRR.
- \_\_\_\_\_ Explain why we train clients to increase power in the low-frequency band of the ECG and how breathing at 5-7 breaths per minute helps them accomplish this.
- \_\_\_\_\_ Demonstrate how to instruct a client to utilize a feedback display.
- \_\_\_\_\_ Describe strategies to help clients increase their heart rate variability.
- \_\_\_\_\_ Demonstrate an HRV biofeedback training session, including record keeping, goal setting, site selection, baseline measurement, display and threshold setting, coaching, and debriefing at the end of the session.
- \_\_\_\_\_ Demonstrate how to select and assign a practice assignment based on training session results.
- \_\_\_\_\_ Evaluate and summarize client progress during a training session.

## **Respiration**

- \_\_\_\_\_ Explain the respiration signal, healthy breathing, and biofeedback to a client.
- \_\_\_\_\_ Explain sensor attachment to a client and obtain permission to monitor her.
- \_\_\_\_\_ Explain how to select a placement site and demonstrate how to attach a respiration sensor to the chest and abdomen. Show how to monitor the accessory muscles to measure breathing effort.
- \_\_\_\_\_ Perform a tracking test asking your client to take a slow deep breath.
- \_\_\_\_\_ Identify breath holding, gasping, and movement artifact in the respiration signal, and how to remove them from the raw data.
- \_\_\_\_\_ Explain how to identify clavicular breathing, excessive breathing effort, reverse breathing, and thoracic breathing.
- \_\_\_\_\_ Explain how posture and clothing can affect breathing.
- \_\_\_\_\_ Demonstrate how to find your client's resonance frequency and explain why this is important.
- \_\_\_\_\_ Demonstrate how to instruct a client to utilize a breathing pacer and the feedback display.
- \_\_\_\_\_ Discuss strategies for slowing down your client's breathing toward 5-7 breaths per minute.
- \_\_\_\_\_ Demonstrate a respiratory biofeedback training session, including record keeping, goal setting, site selection, baseline measurement, display and threshold setting, coaching, and debriefing at the end of the session.
- \_\_\_\_\_ Demonstrate how to select and assign a practice assignment based on training session results.
- \_\_\_\_\_ Evaluate and summarize client progress during a training session.

## EMG

- \_\_\_\_\_ Explain the EMG and biofeedback to a client.
- \_\_\_\_\_ Explain skin preparation and electrode placement to a client, and obtain permission to monitor her.
- \_\_\_\_\_ Explain how to protect the client from an infection transmitted by the sensor.
- \_\_\_\_\_ Identify active- and reference-electrode placements using a marking pencil for accessory muscle sites (trapezius and scalene).
- \_\_\_\_\_ Demonstrate skin preparation and electrode placement.
- \_\_\_\_\_ Measure electrode impedance for each active-reference electrode pair and ensure that impedance is sufficiently low and balanced.
- \_\_\_\_\_ Perform a tracking test for your placement, instructing the client to contract and then relax the monitored muscle.
- \_\_\_\_\_ Identify common artifacts in the raw EMG signal, including 50/60Hz, bridging, ECG, loose electrode, movement, and radio frequency, and explain how to control for them and remove them from the raw data.
- \_\_\_\_\_ Demonstrate how to instruct a client to utilize a feedback display.
- \_\_\_\_\_ Demonstrate a surface EMG biofeedback training session, including record keeping, goal setting, site selection, bilateral and unilateral recording, and bandpass selection, baseline measurement, display and threshold setting, coaching, and debriefing at the end of the session.
- \_\_\_\_\_ Demonstrate how to select and assign a practice assignment based on training session results.
- \_\_\_\_\_ Evaluate and summarize client progress during a training session.

## Artifacting

- \_\_\_\_\_ Know when a record cannot be interpreted due to excessive artifact.
- \_\_\_\_\_ Identify missed and extra beats in the raw EKG.
- \_\_\_\_\_ Explain how to correct missed beats, extra beats (including ectopic beats).
- \_\_\_\_\_ Explain the purpose of the smoothness priors detrending option and how to use it in programs like Kubios.
- \_\_\_\_\_ Explain why you should never remove part of an epoch and then rejoin the remaining sections.

I attest that this work has been completed for: \_\_\_\_\_  
Name of Candidate for BCIA Certification

Signature of the Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Mentor: \_\_\_\_\_

BCIA #: \_\_\_\_\_

*If using more than 1 mentor, please make copies of this document for each mentor to complete.*



# Biofeedback Certification International Alliance

## Mentor Application

BCIA requires a new mentor application for the first prospective candidate and encourages each candidate to file their certification application. Approved applications are valid for 1 year. New candidates may be added.

Name(s) of Candidate(s) for certification: \_\_\_\_\_

*\*Information below is to be about the Board Certified person to provide the mentoring.*

Name of Certificant: \_\_\_\_\_ BCIA#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Mentor: ☐ Biofeedback ☐ Neurofeedback ☐ HRVB ☐ Pelvic Muscle BF

**License/Credential for Independent Practice:** Mentoring is NOT supervision and is intended only to teach the application of skills.

1. Are you currently licensed/credentialed in your state to practice independently?  
☐ Yes License #: \_\_\_\_\_ Discipline: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
☐ No As an unlicensed provider, I agree to work under appropriate supervision when treating a medical or psychological disorder. \_\_\_\_\_ initial
2. Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?  
☐ No ☐ Yes If yes, please explain the circumstances and outcome.
3. Is your license/credential currently under review by a disciplinary or regulatory agency?  
☐ No ☐ Yes If yes, please explain the circumstances.
4. Have you voluntarily surrendered a license/credential?  
☐ No ☐ Yes If yes, please explain the circumstances and outcome.

**Biofeedback OR Neurofeedback Experience:** Totaling at least two years which shows that you have used the modality for a significant percentage of your practice.

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Description of Population Served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Description of Population Served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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.

☐ **I have read and can verify that I understand the BCIA Mentoring Guidelines and how mentoring is to be accomplished including what forms must be submitted to BCIA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BCIA**  
**12500 W 58th Ave., Suite 200**  
**Arvada CO 80002**  
**[info@bcia.org](mailto:info@bcia.org) – NO FAX**

**Biofeedback Certification International Alliance**  
**Non-Certified Mentor's Application**

**Name of candidate for BCIA Certification:** \_\_\_\_\_

**Mentor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Mentor:** ☐ Biofeedback ☐ Neurofeedback ☐ HRVB ☐ Pelvic Muscle BF

**Professional Educational Background (list degrees, institutions and years granted):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**License/Credential for Independent Practice**

*Non-certified mentors must carry a current license/credential in a BCIA approved health care field issued by the state in which you practice. Please submit a copy of that license/credential.*

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

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

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

☐ No ☐ Yes If yes, please explain the circumstances.

Have you voluntarily surrendered a license/credential?

☐ No ☐ Yes If yes, please explain the circumstances and outcome

**Experience:** List biofeedback and/or neurofeedback experience totaling at least 2 years which shows that you have used the modality for a significant percentage of your practice.

**Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates from:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of population served:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates from:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of population served:** \_\_\_\_\_

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates from: \_\_\_\_\_ To: \_\_\_\_\_

Description of population served: \_\_\_\_\_

\_\_\_\_\_

What percentage of your professional time have you spent in biofeedback/neurofeedback during the past 5 years?  
\_\_\_\_\_ %

How many individual patient/client/research subjects have you directly treated in the past 5 years?

EMG \_\_\_\_\_ Thermal \_\_\_\_\_ GSR \_\_\_\_\_ EEG \_\_\_\_\_ HRV \_\_\_\_\_

Other: \_\_\_\_\_ Specify: \_\_\_\_\_

Is your clinical experience in the area in which the candidate plans to practice?

☐ Yes ☐ No If no, please describe your area of clinical experience: \_\_\_\_\_

**Bio/Neurofeedback Education:** Please list the types of biofeedback/neurofeedback didactic instruction you have completed covering the BCIA blueprints plus ongoing relevant CE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Continuing Education

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any other professional activities that would help the board to know more about your education, training, and involvement in the field:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **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 the denial of any future certification.



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.

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*Signature*

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*Date*

Please submit this application, all supporting documents, and payment to BCIA for \$50 for the special review fee. Those certified in neurofeedback wishing to mentor candidates in biofeedback will pay only \$25 for this application filling fee. Reviews could take 2-3 weeks.

**BCIA**  
**12500 W 58th Ave., Suite 200**  
**(720) 502-5829 - [info@bcia.org](mailto:info@bcia.org) - [www.bcia.org](http://www.bcia.org)**



## Designing a Mentoring Agreement Letter

BCIA recommends that the mentor and candidate develop and sign an agreement letter in order to avoid misunderstandings. Below, we've outlined several components that might be used in such a letter.

- ◆ **Schedule and Type of Mentoring Meeting**

Example: We will be meeting by phone every Tuesday morning at 8 am. The candidate is to initiate the call.

- ◆ **Consultation Fees: Amount and Method of Payment**

Example: My charge for each one-hour of mentoring consultation is \$\_\_dollars. The candidate should mail this payment so that it is received prior to the scheduled session.

(Alternatively, a mentor may be able to accept credit card charges or may decide to require some lump sum in advance from which to draw.) You may also want to include a policy about cancellations.

- ◆ **Timeline for the Mentoring**

Some candidates may have trouble completing their training and the mentoring could go on for longer than the mentor would like. You may want to specify a reasonable timeframe for the completion of this work.

Example: This mentoring relationship is for three months commencing \_\_\_\_\_, 20XX and will end \_\_\_\_\_, 20XX. If the mentoring requirements are not completed, I will sign off on the work completed. We may discuss options for a continuance of this mentoring relationship or you may seek another mentor to complete your requirements. If we agree that you seek another mentor, BCIA must be notified of this change.

- ◆ **Type of Relationship**

BCIA mentoring is based on a consultation model rather than a strict supervision model. If the mentor is also providing licensing supervision, this should be clearly outlined here. Remember, typically a licensing supervisor can not accept payment (gifts) from the trainee. Make sure to check your professional state laws.

Example: This is an "at will" arrangement and either party may end the mentoring experience. As your mentor, I am not legally liable for the patient care provided by you. Our relationship is one of a "consultant" or "mentor". Please provide me with a copy of your intended informed consent information.

Both parties should date and sign the agreement and keep a copy for their files.

- ◆ **Conflict Resolution**

Even with the best contractual letter, conflicts may arise. BCIA strongly supports and recommends conflict resolution through mediation. A respected mediator or mediation plan may be stated in advance.

Example: Should a conflict arise between us, we will seek mediation from Mr. /Ms. Mediator. We shall pay Mr. /Ms. Mediator \$\_\_dollars for their review of our disagreement and shall abide by his/her decision in this matter.

## ♦ **Record Keeping Method**

BCIA has provided a pdf of a Mentoring Log Sheet on our website. You may use this log or design some other record keeping method.

Example: We will each document the contact hours and specific work accomplished. Once a month we will review the progress to ensure that we both are in agreement as to the completion of the requirements.

\*Helpful tip: After each contact hour of mentoring, both parties should agree to exactly what was accomplished.

Example: During our contact hour on May 18, we reviewed 2 personal bf sessions and 4 client sessions.

## **Other Important Matters**

### Checklist

- ♦ *The mentor* should submit the Mentor Application to BCIA for approval before starting the mentoring process. Send a copy of that approval letter to the candidate.
- ♦ *The candidate* should submit his/her certification application to BCIA for approval. It's a good idea for the mentor to have a copy of the acceptance letter.
- ♦ *Both mentor and candidate* are to read and become familiar with the specific requirements for BCIA certification, specifically the mentoring requirements as detailed in the guidelines.
- ♦ *Both mentor and candidate* should review and agree to abide by the ethical principles of BCIA and of their professions. Also, the mentor should review with the candidate the limitations, if any, on the practice of biofeedback/neurofeedback by the candidate.

Example: I have the appropriate education and training to provide mentoring in biofeedback; however, I notice you work with some clients who have issues with addictions. This is not within the area of my expertise and you may wish to work with another mentor for this specific training.

## Statement of Mentoring for Board Certification in HRV Biofeedback

I hereby attest that \_\_\_\_\_ has completed \_\_\_\_\_ contact hours

(Name of Candidate)

with me reviewing 5A, 5B, and 5C. (10 contact hours required)

**5-A. Personal HRV Biofeedback Training Demonstrating Ability to Self Regulate -**  
\_\_\_\_\_ sessions – (10 sessions required)

**5-B. HRV Biofeedback Treatment with Clients/Patients -**  
\_\_\_\_\_ sessions - (20 sessions of patient/client treatment, using HRV biofeedback, including BVP or ECG training and respirometer (respiratory biofeedback training. )

**5-C. Biofeedback Case Studies –**  
\_\_\_\_\_ presentations (5 Case Study Presentations required)

**Note to Mentor:** Mark off only the work that you can document with this client.

Please also submit the signed **Essential Skills List** if you completed that with this client.

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Cert # \_\_\_\_\_

# SAMPLE - BCIA Mentoring for HRV Biofeedback/Neurofeedback Certification

## Time/Activities Log Form

Applicant John Doe

Mentor Dr. James Kirk Certification # B100000

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

Date	Contact Hours 20	Description of Mentoring Activities	Personal BF Sessions (10)	Client Sessions (50)	Case Studies (10)
5/1	1	Review of Personal Training	2		
5/7	1	Review of Client AB17 SEMG sessions		3	
5/20	1	Review of Client TL52 GSR Sessions & 1 case		1	1

Contact Hours Completed with Mentor: \_\_\_\_\_ Hours

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature \_\_\_\_\_ Date: \_\_\_\_\_

## BCIA Mentoring for HRV Biofeedback/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.

[illegible]

**Contact Hours Completed with Mentor: \_\_\_\_\_ Hours**

**I attest that the mentoring hours listed above are accurate.**

# Mentoring FAQs

## FAQs: Frequently Asked Questions About Mentoring

### **Who can mentor?**

- BCIA requires that a mentor be appropriately BCIA certified, in active clinical practice for a minimum of 2 years.
- BCB certificants may only mentor candidates for Biofeedback Certification, unless they are able to demonstrate competency in other areas.
- BCN certificants may only mentor candidates for Neurofeedback Certification, unless they are able to demonstrate competency in other areas.
- BCB-PMD certificants may only mentor candidates for PMDB Certification, unless they are able to demonstrate competency in other areas.
- BCB-HRV or BCN-HRV certificants may only mentor candidates for HRVB Certification, unless they are able to demonstrate competency in other areas.

### **May I use more than 1 mentor?**

- Yes. Candidates may wish to use more than one mentor because they are looking for expertise in a specific area of practice or would like the benefit of varied experience and client approach. It is important to keep good records noting the work accomplished with each.

### **What if there are no BCIA Certified professionals in my area to mentor me?**

- Long distance mentoring is very easily accomplished in today's electronic world. Candidates may want a particular expertise that they can't find in their own geography.

### **Can I get credit for mentoring hours accomplished before I filed my application for certification?**

- Of course. However, BCIA recommends that your certification application be on file prior to starting the process, but we would honor any work done prior to that date.

### **How do I find a mentor?**

- BCIA recommends that you first start with the list of mentors found on our "Find a Practitioner" search on the BCIA website [www.bcia.org](http://www.bcia.org). Remember, any appropriately BCIA certified person can serve in this capacity; however, it is important to find a good relationship where both the candidate and mentor agree that their work styles, professional background, and client base would be compatible.

### **What if I want to use a mentor is not BCIA certified?**

- Obviously BCIA supports the use of a BCIA certified mentor; however, we realize that in some cases, you may know of an expert with whom you would like to learn to apply your clinical biofeedback skills. BCIA has a non-certified mentor application process to review the relevant education, experience, and training for any licensed professional who is not currently BCIA certified.

**How much do they charge?**

- The cost of clinical services vary across the country due to specific geography, education and experience of the mentor, and a variety of other factors. As such, the cost of mentoring contact hours will vary as well. You will have to contact each professional to ask what they charge.

**2 Hours Face to Face – Must we be in the same room?**

- No, not necessarily. There are other ways to simulate face to face. Let's consider the intent of this requirement which is to review your hook-ups and basic procedures. If you used a product like "GoToMeeting", Zoom, or other product that allows your mentor to experience a session live, that is perfectly acceptable.

**What about Group Mentoring?**

- Group mentoring is growing in popularity due to its affordability, but please consider what you can personally earn toward the requirement. Case study presentations work best as one mentor can present cases to many students and each can earn the actual contact time and also the number of cases presented. However, consider you as an attendee listening to somebody else discuss a recent patient/client session they performed. How can you get credit for that? It is NOT your own personal session and it is NOT your patient/client, so you can't claim anything for that session. It is a good way to learn and you may enjoy participation, so long as you remember how to view the experience toward completion of your own requirements.



## **Mentoring FAQs for both Candidate and Certificant**

### **Am I liable for the work of my candidate?**

- You need to be clear from the beginning that you are only involved to teach the clinical biofeedback skills. You should ascertain the status of the candidate's license or make contact with their licensed supervisor should they be unlicensed, prior to the start of training. BCIA recommends you ask to see proof of liability insurance.

### **Do I have to mentor anyone who asks me?**

- No, of course not. You should interview the prospective candidate to see if your education and experience matches their training goals. It is important that you have a good working relationship with your candidate.

### **Is a certificant eligible to provide clinical training in more than one certification?**

- If one is certified in in one modality, that is the only mentoring they can provide, unless they apply for review of their education and training specific to another modality.

### **Can a prospective candidate use more than one mentor?**

- Absolutely. In fact we recommend it because it is often useful to gain more than one perspective and a broader knowledge base. It is important; however, that the candidate and each mentor each keeps careful records of not only the contact time, but what was accomplished in each session.

### **Where do we start?**

- The BCIA certificant is encouraged to submit the mentor's application and await approval prior to starting the work; however, once approved, we would honor the work accomplished prior to the application process. The approval is for one year and other mentoring candidates may be added during that time. At the end of that year, a mentor can contact BCIA and state any important changes to their practice to allow them to continue mentoring as before.
- The prospective candidate is strongly encouraged to submit a formal certification application to BCIA and have it approved, prior to beginning the mentoring process.

### **Why is this important?**

- BCIA's approval process is meant to protect both the certified mentor and the candidate. The candidate is assured that the person providing the hands-on training has the appropriate experience and is already an approved mentor. The mentor is assured that the candidate meets the pre-requisite for certification.

### **How do we document our work?**

- Both parties agree to how the contact hours and session requirements are to be documented. Both of you should keep records. BCIA only requests a signature of completion of the mentoring on either that specific section of the application or through the use of a statement of mentoring form.

### **How and how much should I be paid?**

- This is an individual decision and should be made between you and the candidate. Some mentors will provide this clinical training for free or offer some sort of a trade for services. Others feel that they are taking a clinical hour of their day and that the candidate should replace that income. Please work on a mentoring agreement to be signed prior to the start of mentoring.

### **What if it doesn't work out?**

- Your mentoring contract should include a way for either of you to back out of the mentoring relationship should there be any reason not to continue.

### **What if my candidate completes the requirements yet I feel they are not qualified to practice on their own?**

- You need to sit down and tell the candidate simply and plainly which areas may still need more time. You may work on a plan for the candidate to gain extra instruction, even suggesting they work with a colleague on a particular skill. If you have completed the work as required by BCIA, you may attest that this work has been completed and then write a letter to BCIA expressing your concerns.

**Please refer to the mentoring section of the BCIA website [www.bcia.org](http://www.bcia.org) to read the documents posted specific to each certification.**