



Biofeedback Certification International Alliance

Application for Accreditation for Providers of Heart Rate Variability Biofeedback Didactic Education

Instructions to Applicant: Please submit materials electronically with a \$50 filing fee by check or credit card to:

BCIA -5310 Ward Rd, #201 - Arvada, CO 80002 - (720) 502-5829 - info@bcia.org.

Name of Organization: _____

Name of Individual Completing Application: _____

Title _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ E-Mail: _____

Application Fees:

Workshop/Training Program: \$50

Hours of Credit Applied for: Workshop/Training Program Distance Education Program

A. Teaching Materials:

For the study areas in the HRV Biofeedback Blueprint, please provide thorough written documentation of what is taught in your program and how your program meets each blueprint area. Submit a syllabus or course outline for the program, as well as power points, readings, and other handouts for each blueprint area and label each accordingly. For example: teaching materials for HRV Measurements should be labeled A-VI.

Please complete the information requested in the columns below:

HRV Biofeedback BLUEPRINT AREAS	# HRS REQUIRED	# HRS TAUGHT	LAST NAME OF FACULTY	FACULTY BCN CERTIFIED?		BCN CERT #
				YES	NO	
I. HRV Anatomy/Physiology – Cardiac, Respiratory, and ANS	3					
II. Heart Rate Variability	2					
III. HRV Instrumentation	3					
IV. HRV Measurements	2					
V. HRV Biofeedback Strategies	4					
VIII HRV Biofeedback Applications	2					
TOTAL	16					

B. Faculty should have experience in HRV biofeedback and teaching. **80% of the hours must be taught by BCIA certified instructors.** Provide a CV for each instructor that focuses on their education, training, and experience in HRV Biofeedback. Label as Item B. Upon approval, all future faculty changes must be submitted to BCIA as an addendum.

C. Promotional Materials/Brochures: Since programs must conduct activities in a responsible and ethical manner, promotional materials and brochures must clearly indicate the items listed below: Enclose a copy of your brochure or web-based documents showing these items labeled C-1, 2, 3, 4, 5, & 6.

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|---------------------------------------|--|
| 1. Educational Objectives | 4. Cancellation policy |
| 2. Schedule and format | 5. List of faculty and credentials |
| 3. Tuition/fees/items covered by fees | 6. Number of credit hours and Blueprint coverage |

D. HRV Biofeedback Instrumentation: Programs must use clinical grade equipment.

List the equipment used in your training program.

1. _____
2. _____
3. _____

E. Content Examination: Provide a copy of materials used to assess what the trainee learned in your program. At least some portion of your examination must be in multiple-choice format. If additional testing is in some other format as well, please describe the process. Indicate for each item the relevant rubric of the blueprint. For example, HRV Instrumentation examination items should be labeled E-V.

***BCIA will consider any questions submitted for possible inclusion in the HRV Exam Item Bank.**

F. Evaluation: Please guide your trainees to the online BCIA evaluation that will give us information on your presentations allowing us to assess how well they fulfilled the educational goals and objectives. If you wish to use your own evaluation format in addition to ours, that is perfectly acceptable.

G. Certificate of Attendance: BCIA requires that a certificate of successful completion be provided to each trainee. Please provide a copy of the certificate given upon completion of the didactic training to each trainee and label as Item G. The following information should appear on the certificate:

- | | |
|-----------------------------------|---|
| 1. Name of program. | 5. Number of hours awarded in each Blueprint area |
| 2. Name of candidate. | 6. Total number of hours awarded. |
| 3. Date of training program. | 7. Practical skills training or clinical application training in HRV biofeedback should be listed separately, if offered. |
| 4. Signature of program director. | |

Ethical Principles: I agree to abide by the BCIA *Professional Standards and Ethical Principles of Biofeedback* (PSEP) and present them where appropriate as a part of my program. In my teaching, I will clearly differentiate the role and responsibility of independent versus non-independent practitioners as outlined in BCIA's *PSEP*.

I have read and agree to abide by the BCIA *PSEP* and the *Accreditation Policies and Procedures* of the BCIA, as they may be amended from time to time. I understand that review within BCIA will be the final determination of any controversy arising between BCIA and me. If grounds exist that would permit a court to overturn or modify BCIA's action, I will seek redress only through arbitration in Denver, Colorado. I also understand that I am obligated to pay the costs of any court or arbitration proceedings including reasonable attorney's fees that are expended by BCIA in its defense where I do not prevail.

I hereby give permission to BCIA to contact individuals or agencies for verification of information submitted. I understand that any falsification of information is grounds for not granting or for loss of BCIA accreditation.

Authorized Signature: _____ Date: _____

Print Name: _____