



BCIA
NEUROFEEDBACK
MENTORING
HANDBOOK

MAY 2025



BCIA NEUROFEEDBACK MENTORING HANDBOOK

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The Biofeedback Certification International Alliance

Guidelines & Policies For Mentoring

Candidates for Board Certification in Neurofeedback

BCIA believes that mentoring is essential to ensuring quality in the delivery of neurofeedback services and that it is critical to the training of beginning neurofeedback 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.

Prior to completing the online Mentoring Application, all potential mentors must complete the Mentoring Refresher Webinar and Exam. Please visit www.bcia.org/become-a-mentor for more details.

A Technician Certificant is not allowed to supervise or mentor other applicants.

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 Neurofeedback (BCN). 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.

B. Experience

The mentor must have at least two years experience in the practice of neurofeedback and with a similar client base as the candidate. Neurofeedback 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. Neurofeedback 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 (BCN), who has been approved to serve in this capacity.

A. Mentoring Contact Hours

The mentor and candidate must have a minimum of 25 contact hours together. This time is to be used to review a minimum of: 10 sessions of personal neurofeedback; 100 patient/client sessions; and 10 case studies. 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 2 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.

B. Hands-On Practical Experience

1. *10 Sessions of Personal Neurofeedback Training* - The candidate is hooked up and using neurofeedback for self-regulation training. The mentor should review the candidate's self-regulatory skills demonstrated with no less than 10 sessions of personal training using neurofeedback. The candidate may elect to be trained by the mentor as a real client or can review their completed neurofeedback sessions with the mentor.

2. *100 Patient/Client Sessions* - The candidate is attaching the electrodes and running the full sessions, not merely observing. The mentor should review the candidate's work with a variety of conditions. This should involve no less than six clients over a minimum of 10 weeks. The mentor should make sure the candidate has good skills in demonstrated neurofeedback protocols, as well as proper and proficient use of equipment and hook-up techniques.

3. *10 Case Studies*: The case study presentations should reflect a client 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 neurofeedback scenarios or can be presented by the candidate, but only if the cases are ones not previously discussed in the 100 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 neurofeedback 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 neurofeedback 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 neurofeedback 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 neurofeedback. 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 neurofeedback.

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 neurofeedback 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

Prior to submitting an application, all mentoring candidates must complete the Mentoring Refresher Webinar (Webinar 2022-04) and the exam. Once completed, complete the online mentoring 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

Once mentoring requirements are completed the mentor should submit a signed Statement of Mentoring and the Essential Skills Checklist. If more than one mentor is used, a separate statement and checklist must be submitted by each mentor.

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 neurofeedback 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 preapproved candidate who is mentored for a minimum of 15 hours.



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.

NEUROFEEDBACK ENTRY LEVEL ESSENTIAL SKILLS LIST

A beginning neurofeedback practitioner should be able to demonstrate mastery of the following basic skills, as attested by their BCIA-approved Mentor. Please initial each skill as you work through it with your candidate for certification. If there are skills that you did not personally observe, please place an X on the line indicating this item was not completed with you. A candidate may have more than one mentor and so another professional may be able to sign off on those skills that you personally cannot confirm.

Client/Patient Orientation

- ___ 1. In layman's language, explain to a new client EEG biofeedback, self-regulation concepts, and operant conditioning of brainwave activity.
- ___ 2. Explain the major stages in the neurofeedback treatment/training process, from initial intake and assessment to progress monitoring and reporting.
- ___ 3. Explain client's role and responsibilities in the neurofeedback process.
- ___ 4. At initial session, explain how the neurofeedback session process and equipment works, including:
 - purpose and steps involved in skin preparation
 - steps in electrode attachment and selection of site placements; assure client about safety of "sensors"/electrodes
 - meaning of primary features of the feedback screens and concepts of *amplitude and frequency* and/or *z-scores*
 - relationship between client activity and on-screen feedback changes
 - session recording and progress monitoring screens.
- ___ 5. Obtain written client permission for treatment/training using a thorough Informed Consent form.

Intake, Assessment and Protocol Selection

- ___ 1. Document a thorough client symptom and medication history and gather background Information relevant to treatment/training goals
- ___ 2. Provide a thorough EEG baseline assessment, using the following skills:
 - perform correct measurements to name and locate on the scalp each of the International 10-20 System electrode placement sites
 - properly prepare scalp and ears and attach electrodes to selected assessment sites or attach an electrode cap if doing a full-cap quantitative EEG
 - correctly perform all steps to collect a qEEG recording or multi-channel EEG assessment: checking impedances, removing artifact, and collecting eyes-open and eyes-closed data
 - demonstrate basic understanding of a qEEG assessment report, as well as the most commonly reported components of qEEG databases (absolute power, relative power, phase, coherence, z-score comparisons, etc.)
 - identify recordings indicating spike and wave activity requiring consultation with a neurologist or qEEG expert

- use all intake, psychometric, and baseline EEG assessment data to select target electrode placement sites and montages for neurofeedback treatment/training
- Select an initial neurofeedback protocol and explain rationale to client.

Use and Maintenance of Neurofeedback Equipment

___ 1. Demonstrate thorough knowledge of operation of neurofeedback equipment of choice:

- Make correct hardware connections and start hardware.
- Make correct electrode connections to the hardware.
- Identify and remove (or control for) sources of common artifacts in the raw EEG signal.
- Troubleshoot common equipment failures according to manufacturer's recommendations.

___ 2. Demonstrate thorough knowledge of appropriate software for selected equipment:

- Accurately select, install, and run neurofeedback treatment/training software.
- Identify components, applications, and limitations of selected software package.

Neurofeedback Session Management and Reporting

___ 1. Conduct neurofeedback treatment/training sessions involving the following procedures:

- Provide initial orientation and instructions to client at first treatment/training session.
- Prior to subsequent sessions, query client (and/or parent) verbally and/or via pre-session questionnaire on client's positive and negative reactions to previous session.
- Maintain basic hygiene procedures in attaching (and cleaning) electrodes.
- Remind client of the training objectives for session and their role in attending to and responding to feedback.
- Start treatment/training software program, set up selected protocol parameters, and run basic feedback functions.
- As appropriate, set initial training thresholds and adjust as needed.
- Identify and remove sources of artifact appearing in session recordings.
- Monitor session recordings and provide coaching and supplemental verbal feedback to client during sessions, as appropriate.
- Save session data per equipment guidelines and review session results with client.
- Assign homework to client that supports and supplements session training goals.
- Consult with client's prescribing physician and/or providers of other concurrent treatments as necessary to avoid treatment complications and maximize treatment outcomes.

- Identify as soon as possible in the treatment/training process when neurofeedback is not working for a client; identify cause(s) for lack of progress; make necessary protocol or other training program adjustments; or, when necessary, recommend termination of neurofeedback.
- In collaboration with client, determine when neurofeedback treatment/training goals have been met and mutually plan for treatment termination and follow-up.
- Conduct all aspects of neurofeedback treatment and training in accordance with BCIA, AAPB and ISNR codes of ethical practice.

___ 2. Maintain orderly and up-to-date client files, including

- session-by-session training records, significant session events and client comments
- changes in client medication, significant life changes, allergies, etc. that may impact treatment/training results
- reports of consultations with other treatment providers, family members, teachers, etc.

Use of Supplemental Therapeutic and Training Modalities

___ 1. Demonstrate ability to establish positive, constructive relationships with clients and their family members, using basic counseling and communication skills

___ 2. Document adequate training and demonstrate skills required to use appropriate counseling/therapy methods to supplement neurofeedback with clients having mental health diagnoses

___ 3. Document adequate training in use of alpha-theta neurofeedback protocols. Demonstrate ability to select appropriate clients for alpha-theta training as well as apply appropriate therapy methods when using these protocols

___ 4. Document adequate training in other neuromodulation modalities (such as HRV biofeedback, AVS, CES, etc.) for use in conjunction with neurofeedback, and demonstrate ability to select and use appropriate adjunctive modalities with individual clients.

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.

This form must be completed and signed and returned to BCIA.

**Statement of Mentoring for
Entry Level
Board Certification in Neurofeedback**

I hereby attest that _____ has completed _____ contact hours

name of candidate
with me reviewing 5A, 5B and 5C. (25 contact hours required) *Two of these hours were face to face or live observation using electronic communications.

5-A. Personal Neurofeedback Training Demonstrating Ability to Self Regulate-

_____ sessions – (10 sessions required)

5-B. Clinical Neurofeedback Treatment with Clients/Patients –

_____ sessions - (100 patient/client sessions using neurofeedback required)

5-C. Neurofeedback Case Studies –

_____ studies (10 cases required)

This form must be completed and signed and returned to BCIA.

Mentor Signature:	Phone:
Printed Name:	BCIA #:
Date:	



Essential Skills List For Neurofeedback Technicians

A beginning neurofeedback technician should be able to demonstrate mastery of the following basic skills, as attested by their BCIA-approved Mentor who will initial each item as completed.

Client/Patient Orientation

- ___ 1. In layman's language, explain to a new client EEG biofeedback, self-regulation concepts, and operant conditioning of brainwave activity.
- ___ 2. Explain the major stages in the neurofeedback treatment/training process, from initial intake and assessment to progress monitoring and reporting.
- ___ 3. Explain client's role and responsibilities in the neurofeedback process.
- ___ 4. At initial session, explain how the neurofeedback session process and equipment works, including:
 - purpose and steps involved in skin preparation
 - steps in electrode attachment and selection of site placements; assure client about safety of "sensors"/electrodes
 - meaning of primary features of the feedback screens and concepts of *amplitude and frequency* and/or *z-scores*
 - relationship between client activity and on-screen feedback changes
 - session recording and progress monitoring screens.
- ___ 5. Obtain or verify that written client permission for treatment/training using a thorough Informed Consent form.

Use and Maintenance of Neurofeedback Equipment

- ___ 1. Demonstrate thorough knowledge of operation of neurofeedback equipment of choice:
 - Make correct hardware connections and start hardware.
 - Make correct electrode connections to the hardware.
 - Identify and remove (or control for) sources of common artifacts in the raw EEG signal.
 - Troubleshoot common equipment failures according to manufacturer's recommendations.

Neurofeedback Session Management and Reporting

- ___ 1. Conduct neurofeedback treatment/training sessions involving the following procedures:
- Be able to provide initial orientation and instructions to client at first treatment/training session.
 - Prior to subsequent sessions, query client (and/or parent) verbally and/or via pre-session questionnaire on client's positive and negative reactions to previous session.
 - Maintain basic hygiene procedures in attaching (and cleaning) electrodes.
 - Remind client of the training objectives for session and their role in attending to and responding to feedback.
 - Perform correct measurements to name and locate on the scalp each of the International 10-20 System electrode placement sites
 - Properly prepare scalp and ears and attach electrodes to selected sites and achieve good impedance.
 - Start treatment/training software program, set up selected protocol parameters, and run basic feedback functions.
 - As appropriate, set initial training thresholds and adjust as needed.
 - Identify and remove sources of artifact appearing in session recordings.
 - Monitor session recordings and provide coaching and supplemental verbal feedback to client during sessions, as appropriate.
 - Save session data per equipment guidelines and review session results with client.
 - Assign homework to client that supports and supplements session training goals.
 - Conduct all aspects of neurofeedback treatment and training in accordance with BCIA, AAPB and ISNR codes of ethical practice.
- ___ 2. Maintain orderly and up-to-date client files, including
- session-by-session training records, significant session events and client comments
 - changes in client medication, significant life changes, allergies, etc. that may impact treatment/training results
 - reports of consultations with other treatment providers, family members, teachers, etc.

Use of Supplemental Therapeutic and Training Modalities

- ___ Demonstrate ability to establish positive, constructive relationships with clients and their family members, using good communication skills

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 #: _____

Note to Mentors: If you did not complete a specific skill with the candidate, then please completely cross out that skill.

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

This form must be completed and signed by both parties and returned to BCIA.

**Statement of Mentoring for
Technician Board Certification in Neurofeedback**

I hereby attest that _____ has completed _____ contact hours.
name of candidate

10 Contact Hours are required to review 20 patient sessions and learning basic equipment, electrode placements, and personal self-regulation skills.

I hereby attest that the candidate has completed 10 contact hours with me to review the requirements as stated above.

Mentor Signature:	Phone:
Printed Name:	BCIA #:
Date:	

Essential Skills Checklist for Technician Certification is now also required
This form must be completed and signed by both parties and returned to BCIA.

SAMPLE - BCIA Mentoring for 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 25	Description of Mentoring Activities	Personal NF Sessions (10)	Client Sessions (100)	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 study		1	1

Contact Hours Completed with Mentor: _____ **Hours**

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ **Date:** _____

Applicant Signature _____ **Date:** _____

BCIA Mentoring for Neurofeedback Certification
Time/Activities Log Form—Entry Level
THIS FORM DOES NOT NEED TO BE TURNED INTO BCIA—
IT IS FOR YOUR RECORD KEEPING PURPOSES!

Applicant _____

Mentor _____ **Certification #** _____

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

Date	Contact Hours 25	Description of Mentoring Activities	Personal NF Sessions (10)	Client Sessions (100)	Case Studies (10)

Contact Hours Completed with Mentor: _____ **Hours**

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ **Date:** _____

Applicant Signature _____ **Date:** _____

BCIA Mentoring for Neurofeedback Certification
Time/Activities Log Form—Technician Level
THIS FORM DOES NOT NEED TO BE TURNED INTO BCIA—
IT IS FOR YOUR RECORD KEEPING PURPOSES!

Applicant _____

Mentor _____ **Certification #** _____

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

Date	Contact Hours 10	Description of Mentoring Activities	Personal NF Sessions (5)	Client Sessions (10)	Case Studies (5)

Contact Hours Completed with Mentor: _____ **Hours**

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ **Date:** _____

Applicant Signature _____ **Date:** _____



Biofeedback Certification International Alliance

Mentor Application

PLEASE USE THE ONLINE MENTORING APPLICATION FOUND AT WWW.BCIA.ORG

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 West 58th Avenue, Suite 200
Arvada CO 80002
(720) 502-5829 - info@bcia.org - www.bcia.org



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. **Mentoring is NOT the same as legal supervision.***

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.

☐ **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

Please submit this application, and all supporting documents to info@bcia.org.. Reviews could take 2-3 weeks.

BCIA
12500 West 58th Avenue, Suite 200
Arvada CO 80002
(720) 502-5829 - info@bcia.org - www.bcia.org

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. 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 neurofeedback 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 requires a signature of completion of the mentoring on using the Statement of Mentoring and Essential Skills Checklist in this handbook.

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 to read the documents posted specific to each certification.

MENTORING DOCUMENTATION CHEAT SHEET

In an effort to help clear up any confusion regarding the mentoring paperwork that must be completed and submitted, we've created this cheat sheet for your convenience.

Before you begin the process be sure to verify with the candidate which certification path they are completing (Entry Level or Technician).

All documents can be found in the BCIA Mentoring Handbook. There are separate handbooks for each modality.

Biofeedback Mentoring Handbook

Neurofeedback Mentoring Handbook

PMDB Mentoring Handbook

HRV Mentoring Handbook

The **Time/Activities Log Form** was designed to help the candidate and the mentor to keep track of the hours/sessions that were completed. Your Mentee should also use their own log and compare with their mentor frequently to ensure all time spent together is documented correctly. Mentors can create their own system to track the hours/sessions. **This document does NOT need to be submitted. (Example on page 24 of NF and BF Mentoring Handbooks – blank copy on page 25 in each.)**

Upon completion of the mentoring process, the following forms must be submitted to BCIA.

Entry Level Mentoring – 25 Contact hours (10 self-regulation sessions, 100 patient/client sessions and 10 case studies)

Entry Level Statement of Mentoring (page 13 in NF and BF Mentoring Handbooks)

Note the number of contact hours and sessions completed in each category. Incomplete items should be marked with an X.

Entry Level Essential Skills List (pages 10-12 in NF Handbook)

The mentor will initial each line after completion with mentee. Incomplete items should be marked with an X.

Technician Level Mentoring – 10 Contact hours (20 sessions of self and or client/patient sessions)

Technician Level Statement of Mentoring (page 16 in NF and BF Mentoring Handbooks)

Note the number of hours completed with the candidate.

Technician Essential Skills List (pages 14-15 in NF Mentoring Handbook. There is NOT a separate Essential Skills Checklist specific for Biofeedback Technicians)

This document was customized to represent what would be required by a technician. The mentor will initial each line after completion with mentee. Incomplete items should be marked with an X.

ALL documents must be signed and dated. Mentor or Mentee can forward documentation to BCIA for review.