



# Biofeedback Certification International Alliance

## Application for Accreditation for Providers of Pelvic Muscle Dysfunction Biofeedback Didactic Education by Training Program or Home Study Program

**Instructions to Applicant:** Please complete the enclosed application and submit electronic materials requested below with appropriate fees, paid by check payable to BCIA or credit card..

Name of Organization: \_\_\_\_\_

Name of Individual Completing Application: \_\_\_\_\_

Title \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

### Application Fees:

Workshop/Training Program: \$200 for 4 years       Reaccreditation: \$150

**Teaching Method:**     Live Training       Home Study/Distance Education Program       Combination

**If you are providing online or distance education instruction**, will you have staff to answer questions or provide clinical guidance on any questions that may arise?     Yes       No

### A. Teaching Materials:

Please provide thorough written documentation of how your program meets each blueprint area. Submit a course outline for the program, as well as the power points – suggested 40 slides/2-hours - readings and other handouts and label each accordingly, i.e., teaching materials for Clinical Disorders I should be labeled A-III. Please complete the information requested in the columns below:

PMD Biofeedback BLUEPRINT AREAS	# HRS REQUIRED	# HRS TAUGHT	NAME OF FACULTY	BCB-PMD CERT #
I. Applied Psychophysiology & Biofeedback	5 hours			
II. Pelvic Floor Anatomy Surface EMG Assessment of Pelvic Floor Musculature Clinical Practice Procedures	5.5 hours			
III. Clinical Disorders I: Bladder Dysfunction	4.5 hours			
IV. Clinical Disorders II: Bowel Dysfunction	4.5 hours			
V. Clinical Disorders III : Chronic Pelvic Pain Syndromes	4.5 hours			
Total:	24 hours			

**B. Intended Audience:**     I attest that this workshop will be offered only to professionals who would meet pre-requisite educational requirements of a license a clinical health care field limited to nursing, physical and occupational therapy, and medicine. Please visit our website at [www.bcia.org](http://www.bcia.org) for a list of BCIA approved clinical health care fields appropriate for this certification.

**C. Training Facility:** Describe your training facility (attach a separate statement if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Faculty** should have experience in applied psychophysiology, biofeedback, and teaching. **80% of the hours must be taught by**

**BCB certified instructors.** Provide the following information for each individual teaching in the didactic training program in applied psychophysiology and neurofeedback: a CV. showing specific experience: 1) educational background, 2) work experience, 3) teaching experience in applied psychophysiology and neurofeedback, 4) BCIA Certificate Number. Label as Item D. Faculty additions must be submitted to BCIA Accreditation Committee for approval prior to teaching. Other faculty changes must also be reported to BCIA, e.g., changes in teaching assignment or leaving the training program.

**E. Mission and Goals:** Each program should have a mission statement or statement of philosophy specifying the training program goals. What are the mission and goals of your program? Attach a separate statement if necessary. Label as Item E.

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**F. 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 which shows these items labeled F-1 through F-7.

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|---------------------------------------|--|
| 1. Educational Objectives             | 5. Cancellation policy                               |
| 2. Prerequisites for participation    | 6. List of faculty and credentials                   |
| 3. Schedule and format                | 7. Number of credit hours and EEG Blueprint coverage |
| 4. Tuition/fees/items covered by fees |  |

**G. Biofeedback Instrumentation:** Programs must use at least one type clinical grade equipment for demonstration and should not show favoritism toward one specific brand, even though the instructor may also be a vendor.

List the equipment used in your training program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**H. 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, ANS Applications items should be labeled H-V.

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

**I. Evaluation:** Provide a copy of all forms used by your students to evaluate your program. Label as Item I.

**J. 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 J. 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 didactic hours awarded.  |
| 3. Date of training program.      | 7. Practical biofeedback hours such as personal training should be listed separately, if offered. |
| 4. Signature of program director. |   |

**Ethical Principles:** I agree to teach the BCIA *Professional Standards and Ethical Principles of Biofeedback (PSEP)* 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: \_\_\_\_\_