



**BCIA
PELVIC MUSCLE
DYSFUNCTION
BIOFEEDBACK
MENTORING
HANDBOOK**

JANUARY 2024



BCIA BIOFEEDBACK MENTORING HANDBOOK

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Biofeedback Certification International Alliance

Guidelines & Policies For Mentoring Candidates for Board Certification in Pelvic Muscle Dysfunction 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 BCIA Certification. We recognize that each state has its own definitions and regulations of professionals who offer biofeedback services. Both the mentor and BCIA candidate should operate within applicable local, state, and federal laws as well as in accordance with the ethical principles of their profession/occupation. Mentoring does not substitute for supervision required for professional licensure or supervision required for 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.

Definitions

An individual becomes a BCIA candidate for certification by submitting an application with documentation of the educational prerequisite and payment of a filing fee. Mentoring is the process of one person overseeing another person's work. It has been a traditional way of transmitting knowledge and skills from the trained to the untrained or the experienced to the inexperienced practitioner. Mentoring also 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 knowledge to specific practice situations.

Purpose

Mentoring is unique in that it can provide guidance and support that is not available through any other source of professional development. Ideally, mentoring can be a professionally rewarding experience for mentor and candidate, enhancing the quality of work and ultimately benefit the patient/client and the public.

Mentoring of BCIA Candidates

- I. Obligation of the Mentor. Experienced professionals have an obligation to provide mentoring to those entering the field, thus ensuring that new providers are adequately trained.
- II. Qualifications. The following criteria are required for an individual to serve as a mentor of a candidate for BCIA certification.
 - A. BCIA Certification
The mentor must be BCIA certified. Occasionally, because of geographic location or other special circumstances, a candidate cannot be mentored by a professional who is BCIA 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 using the Non-Certified Mentor Application.

- B. Experience
The mentor must have at least two years experience in the practice of biofeedback specific to elimination disorders and pelvic pain.
- C. Mentor Qualifications and Limitations
1. A mentor should operate within applicable local, state, and federal laws as well as in accordance with the ethical principles of their profession/occupation. Mentors should operate within the limits of their expertise, training and professional license/credential.
 2. Mentorship does not substitute for supervision required for professional licensure or supervision required for insurance reimbursement. These are unique and separate contractual agreements between two professionals.
- D. Professional Commitment
BCIA expects mentors to:
1. be active in the field of biofeedback and their professional area as evidenced by affiliations with professional organizations and as required for BCIA recertification.
 2. be free of active sanction by a disciplinary proceeding.
 3. demonstrate involvement in formalized training and participation in professional development in the practice of mentoring. This may include workshops, continuing education programs, and study of current literature.
 4. have expertise with the candidate's client population and methods of practice.
 5. be knowledgeable about issues related to diversity such as race, language, culture, gender, sexual orientation, age, and disability.
 6. be both technically and clinically experienced with a major time and career commitment to the field of applied psychophysiology and biofeedback.

E. Client Confidentiality

BCIA encourages clinicians to maintain HIPPA compliant communication 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 the HIPPA regulations to make certain they are in compliance.

III. Procedures

- A. The BCIA Certificant should file a Mentor Application and await approval from BCIA prior to beginning clinical training. A new application should be filed for each prospective candidate.
- B. BCIA strongly encourages each prospective candidate to file their certification application and have it approved prior to beginning clinical training.

- C. A written agreement for mentoring should be signed by both the mentor and candidate. 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. set period of time (no more than one year) and renegotiated at the end of the time
 3. a statement to abide by the ethical principles of the mentor's profession and BCIA
 4. plan to address conflicts between mentor and candidate
 5. fee charged for mentoring
 6. process for termination of mentoring relationship an evaluation or performance appraisal should be done at specified intervals format and scheduling of conflict-resolution
- D. Mentoring should be documented by both the mentor and candidate.
- E. We strongly advise that the mentor verify the professional liability insurance of the candidate when the treatment of patients is involved.
- F. Original signatures for all phases of mentoring should be provided to BCIA.

IV. Liability Issues

Although it is rare for a mentor to be held liable for the mistakes made by the candidates, we advise prudence 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.

VI. The Mentoring Relationship

Mentors should maintain objectivity and have no conflict of interest. The mentoring relationship is important because it should promote the development of knowledge and skills and standards of care. 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.

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.

VI. Clinical Mentoring Requirements for BCIA Certification.

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 practicum.

All mentoring requirements may be completed through direct contact or through the use of live phone and/or web meetings. Fax and email may be used as supportive technologies to assist in the transfer of information. The only exception is the “direct observation” requirement which must be met through direct person-to-person observation.

VII. Pelvic Muscle Dysfunction Biofeedback Mentoring Requirements

The mentoring requirements involve two essential requirements: practical experience and mentoring contact hours. Mentoring should be provided by a BCB-PMD certified clinician or other approved professional. Mentoring as listed below may be done remotely via e-mail and telephone except for practicum/personal training hours.

A. 12 Contact Hours to review 30 patient/client sessions

The mentor and candidate are to spend 12 hours engaged in the review of a minimum of 30 patient/client sessions (sessions are 45 – 60 minutes). The candidate is required to take at least 5 patients through a full course of treatment, a minimum of 8 weeks. These contact hours may be done remotely via phone or email as agreed upon by the mentor and candidate.

Patients are to have one of the following diagnoses: fecal incontinence, constipation with pelvic floor dyssynergia (anismus), vulvodynia, levator ani syndrome, overactive bladder syndrome/detrusor overactivity, stress urinary incontinence, urge urinary incontinence, urinary hesitancy, or dysparunia. Additionally, candidates are required to treat at least one patient within each of the following categories:

1. Storage disorders (uptraining): urinary or fecal incontinence.
2. Emptying disorders (downtraining): constipation related to pelvic floor dyssynergia, urinary hesitancy, or frequency related to bladder sphincter dyssynergia.

Each session will include appropriately selected modalities of patient education, initial and follow-up surface EMG pelvic floor muscle assessments, diary review, urge suppression training, neuromuscular reeducation, therapeutic exercise, relaxation training, toileting behaviors, and prescription of a home training program with or without training devices.

The candidate will submit to their mentor all EMG pelvic floor muscle assessment data, progress notes, and discharge summaries for a minimum of five patients with the diagnoses listed under patient contact. Candidate must have had primary responsibility for patient care.

B. 6 contact Hours – Supplemental mentoring

Six mentoring contact hours are used to expand the candidate’s scope of knowledge and training, and to evaluate the candidate’s proficiency with providing patient education.

The mentor will assess the extent of the candidate’s exposure to and experience treating a wide variety of patient populations appropriate for biofeedback assisted behavioral interventions. It is expected that candidates be familiar with and be able to treat patients with appropriate bowel and bladder disorders, as well as selected chronic pelvic pain syndromes. Based on the candidate’s needs, the mentor will assign additional tasks to sup-

The following methods may be used to provide the additional educational experience and to assess the candidate's patient education skills:

1. Case study review with the mentor
2. Case study presentations offered at national or regional conferences such as AAPB, SUNA, APA, etc. (documentation to be submitted to candidate's mentor.)
3. Shadowing an experienced clinician in his/her setting and reporting the experience to mentor (observation of treatments, urodynamic and anorectal studies, surgeries, etc.).
4. Completing a literature search and report on a specific elimination or chronic pelvic pain disorder.
5. Role playing with the candidate being a therapist: teaching patients about biofeedback, surface EMG pelvic floor muscle assessment, normal and abnormal bowel and bladder function and pain mechanisms. When using case discussion or presentations for this additional experience, the cases should not be those used to fulfill the 30 sessions of direct patient care.
6. Reading and then discussing with the mentor specific articles, books and/or book chapters recommended by the mentor or suggested by the candidate and agreed to by the mentor to further enhance learning in a particular area of the blueprint.
7. Candidate practicing relaxation techniques while hooked up to the biofeedback equipment and then discussing his/her results/experience with the mentor. This may include the use of tapes and/or CDs deemed appropriate by the mentor.

Patient Education:

In addition, candidates must demonstrate to their mentor an ability to simply explain to patients: pelvic floor muscle anatomy, normal and abnormal bowel and bladder function; general biofeedback, specific pelvic floor muscle EMG biofeedback; and pain mechanisms.

C. Practicum/Personal Training – 4 hours

Candidates will both conduct and personally undergo a surface EMG pelvic floor muscle assessment, surface EMG pelvic floor biofeedback training, and a relaxation exercise under on-site supervision. This requirement is often fulfilled along with didactic education workshops. If this requirement is not fulfilled during live didactic training, it must be fulfilled under direct contact with an approved BCIA mentor.

PMDB Essentials Skills Check List

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 cross out the text so it is easy to see which things are left to complete. 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.

- _____ Complete a verbal history and chart review prior to initiating pelvic floor EMG assessment.
- _____ Describe an EMG biofeedback assessment/session including basic anatomy, physiology and instrumentation to aide understanding as would be appropriate for a new client.
- _____ Demonstrate that the instruments are working properly or identify an instrument-related problem (ie., sequentially check electrode, lead, connection to hardware/PC, software, battery faults).
- _____ Discuss knowledge related to electrical safety (use of GFI in wall outlets).
- _____ Describe the purpose of each component on every panel of the EMG biofeedback instrument.
- _____ Describe the components of a surface EMG signal (frequency spectrum, amplitude) and how they may be manipulated through instrument controls.
- _____ Describe examples of environmental noise that may affect EMG signal.
- _____ Justify selection of electrode sites (abdominal, intra-vaginal, intra-anal, peri-anal).
- _____ Describe relative (i.e., pediatric) and absolute contra-indications for the use of internal electrodes.
- _____ Demonstrate proper electrode use: skin prep, attachment, insertion, removal, cleansing and storage.
- _____ Describe appropriate infection control procedures relative to pelvic floor equipment and treatment room.

- _____ Describe the relationship between sEMG findings and how they are used to effectively set the potential treatment/training goals.
- _____ Recognize and describe various common artifacts and how to attenuate them (i.e., 60 Hz, movement, respiration, electronic devices).
- _____ Demonstrate surface electrode placement that will minimize cardiac artifact.
- _____ Describe the various types of sEMG visual displays which may vary with different equipment (raw EMG; rectified-moving line graph, bar graph, circle display; spectral analysis, and probable amplitude histogram).
- _____ Obtain pre-treatment measures (treatment baseline) and describe factors that affect treatment baseline measures.
- _____ Instruct a client in appropriate techniques to achieve changes in pelvic muscle activity, improving pelvic floor muscle isolation:
 - a) reduce elevated resting base
 - b) improve a selective phasic muscle contraction
 - c) improve a selective tonic contraction of at least 10 seconds
 - d) reduce activity below a resting base during simulated evacuation maneuver (eccentric lengthening of pelvic floor muscles)
 - e) improve stability of a tonic phase contraction (stable amplitude).
- _____ Document relevant data from the initial assessment and subsequent training sessions.
- _____ Describe the outcome of an EMG biofeedback session with the client.
- _____ Determine appropriateness of manual therapy exam, utilizing history and results of PMD EMG assessment.
- _____ Communicate the need for manual assessment utilizing anatomy and physiology education.

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: Totalling 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 Avenue, Suite 200
Arvada CO 80002
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. **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.

Signature

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 Avenue, Suite 200
(720) 502-5829 - info@bcia.org - 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 Pelvic Muscle Dysfunction

Statement of Mentoring for PMD Biofeedback

I hereby attest that _____ name of candidate _____ has completed 22 contact hours with me as follows:

6a. _____ 12 Contact Hours to review 30 patient/client sessions:

6b. _____ 6 Contact Hours to supplement the candidate's specific training and education:

6c. _____ 4 Contact Hours of Practicum/Personal Training:

Mentor's Signature: _____ Date: _____

Print Name: _____ BCIA # _____

SAMPLE - BCIA Mentoring for PMDB 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 12	Description of Mentoring Activities	Client Sessions (30)	Supplemental Mentoring Case Studies, Assess Education Proficiency, Supplemental Educational Tasks (6 hours)
5/1	1	Review of Personal Training		
5/7	1	Review of Client AB17 SEMG sessions	3	
5/20	1	Review of Client TL52 GSR Sessions & 1 case	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 PMDB 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.

Date	Contact Hours 12	Description of Mentoring Activities	Client Sessions (30)	Supplemental Mentoring Case Studies, Assess Education Proficiency, Supplemental Educational Tasks (6 hours)

Contact Hours Completed with Mentor: _____ Hours

I attest that the mentoring hours listed above are accurate.

BCIA Mentor Signature _____ Date: _____

Applicant Signature _____ Date: _____

BCIA Mentor Signature _____ Date: _____

Applicant Signature _____ Date: _____

Mentoring FAQs

♦ ***Who may mentor?***

BCIA requires that a mentor be appropriately BCIA-certified and in active clinical practice for a minimum of two 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.

♦ ***May I use more than one 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 region.

♦ ***May I get credit for mentoring hours accomplished before I filed my application for certification?***

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

♦ ***How can I find a mentor?***

BCIA recommends that you first start with the mentors identified on our Find a Practitioner/Find a Mentor area. This allows you to search by certification type (General Biofeedback, EEG Biofeedback, HRV Biofeedback, or Pelvic Muscle Dysfunction Biofeedback). 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 who is not BCIA-certified?***

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 biofeedback skills. BCIA has a non-certified mentor application process to review the relevant education, experience, and training for any professional who is not currently BCIA-certified.

♦ ***How much do mentors charge?***

The costs of clinical services vary across the country due to specific geography, education, 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 as an attendee listening to somebody else discuss a recent patient/client session they may have performed. How can you get credit for that? It is NOT your own personal session and it is NOT your patient/clients 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.