



848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107 • 800-710-1539 ext.1 (phone & fax) • info@ntcb.org

Biofeedback Specialist

Application Fee: \$65

Please attach your certificate of completion from your Instructor

Please type or print the following information.

| | | | |
|----------------|---|-------------|--|
| Date: | Name (as it would appear on certificate): | | |
| Business Name: | | | |
| Address: | | City: | |
| State: | Postal Code: | Country: | |
| Home Phone: | | Work Phone: | |
| Cell Phone: | | E-Mail: | |

Degree and Experience

| | | | |
|---|--|------|-------------------------|
| Highest degree attained (degree and subject): | | | |
| Licenses and certificates (Please list all. If necessary, send separate documents): | | | State / Prov/ License # |
| 1 | I have completed an approved A & P course at: | Y | N |
| 2 | I have completed the Biofeedback Blueprint requirement for Coaching. | Y | N |
| 3 | I routinely require my clients to sign an Informed Consent Form and keep it on file. | Y | N |
| 4 | I routinely discuss my Informed Consent Form with my clients and give them a copy. | Y | N |
| 5 | I routinely give my clients a copy of my Code of Ethics. | Y | N |
| 6 | I have completed/documentated _____ hours of my 500-hour biofeedback internship. | | |
| 7 | I am currently certified by the NTCB as a (check those that apply): | | |
| | CBT | CBET | CBRT |
| | CSMT | QWT | CPMT |
| | | QHT | |
| Type of Biofeedback device (please identify): | | | |

Payment Information

Fees may be paid by mailing a U.S. check, Bank Money Order or paying by credit card on-line at <http://ntcb.org/apply.html>. Applicants may e-mail - info@ntcb.org, fax – 800-710-1539 ext.1 (phone & fax) or mail your applications to 848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107. Certificates are issued once information and payment are verified. Please allow 4 weeks for processing.

Method of Payment: _____ On-Line _____ Mailed in my check/money order

Signature: _____