



Natural Therapies Certification Board

CERTIFICATION APPLICATION

BIOFEEDBACK TECHNICIAN

Fee: \$65 per year

Please check one certification requested.

Certified Biofeedback Technician (CBT)	<input type="checkbox"/>	Certified Quantum Wellness Technician (QWT)	<input type="checkbox"/>
Certified Bioenergetics Technician (CBET)	<input type="checkbox"/>	Certified Neurofeedback Technician (CNT)	<input type="checkbox"/>
Certified Bioresonance Technician (CBRT)	<input type="checkbox"/>	Certified Stress Management Technician (CSMT)	<input type="checkbox"/>
Certified Quantum Wellness Coach (QWC)	<input type="checkbox"/>	Certified Pain Management Technician (CPMT)	<input type="checkbox"/>

CONTACT INFORMATION (Please type or print)

Date:	Name (as it would appear on certificate):
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Business Name:

Address:	City:
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State:	Postal Code:	Country:
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Home Phone:	Work Phone:
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Cell Phone:	E-Mail:
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DEGREE AND EXPERIENCE

Highest degree attained (degree and subject):

Licenses and certificates (Please list all. If necessary, send separate documents.):	State / Prov/ License #
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Type of Biofeedback Device:

1	I have completed the Biofeedback Basic Training Course (45 CEU). *Note: Applicants applying online must attach Beginners Course Certificate of Completion or the Biofeedback Instructor must sign this application.	Y	N
2	I have completed an Anatomy & Physiology Course.	Y	N
3	I have completed the Coaching Workshop and the Professional Practices/Ethics/Informed Consent Form Course.	Y	N
4	I will have every client sign an informed consent form and keep a copy on file. I will share my Code of Conduct.	Y	N
5	I have completed / documented _____ hours of my 500-hour biofeedback internship.		

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, 800-710-1539, ext. 1 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 4-6 weeks for processing.

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

Signature: _____

Instructor (if applicable): _____