



# Natural Therapies Certification Board

848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107 • 800-710-1539 ext.1 • 888-484-3113 (fax) • info@ntcb.org

## CERTIFICATION APPLICATION

### Neurofeedback Technician\*

Fee: \$65 per year for one certification

Please type or print the following information.

<b>Certify me for one year as follows (check):</b>		<input type="checkbox"/> Certified Pain Management Technician (CPMT)
<input type="checkbox"/> Certified Neurofeedback Technician (CNT)		<input type="checkbox"/> Certified Stress Management Technician (CSMT)
Date:	Name (as it would appear on certificate):	
Business Name:		Website:
Address:		City:
State:	Postal Code:	Country:
Home Phone:		Work Phone:
Cell Phone:		E-Mail:

### Degree and Experience

Highest degree attained (degree and subject- if necessary, send separate copies/documents):		
Licenses and certificates (Please list all. If necessary, send separate copies/documents).		
1. I have completed Neurofeedback Basic Training. <b>*Note: Applicants applying online must attach Beginners Course Certificate of Completion or the Neurofeedback Instructor must sign this application.</b>	Y	N
2. I have completed an Anatomy & Physiology Course.	Y	N
3. I will write an approved informed consent form.	Y	N
4. I will have every client sign an informed consent form and keep it on file.	Y	N
5. I will give every client a copy of my informed consent form and code of professional ethics.	Y	N
6. have completed / documented _____ hours of my 500-hour neurofeedback internship	Y	N

### 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 – 888-484-3113 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

**\*I have completed the basic training under the Neurofeedback Technician Blueprint. I have attached my certificate of completion or this form is being additionally signed by my instructor.**

Signature: \_\_\_\_\_ Instructor (if applicable): \_\_\_\_\_