



Natural Therapies Certification Board

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

CERTIFICATION APPLICATION

Board Certified Neurotherapist

Fee: \$65

Please attach appropriate documentation

Please type or print the following information.

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 my Instructor's Biofeedback Exam (documentation attached)	Y	N
2. I have completed the 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/documented _____ hours of my 500-hour biofeedback internship.		
7. I am currently certified by the NTCB as a CNT (certification #): _____		

I am currently certified by NTCB as a (check): _____ CBS _____ CNT

(CBS- Certified Biofeedback Specialist, CNT- Certified Neurofeedback Technician)

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: _____