



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

**CERTIFICATION APPLICATION**

**Technician Employee**

**Fee: \$65/year per designation**

**Please check the type(s) of certification requested.**

Certified Biofeedback Tech (CBT)	<input type="checkbox"/>	Certified Pain Mgmt Tech (CPMT)	<input type="checkbox"/>
Certified Neurofeedback Tech (CNT)	<input type="checkbox"/>	Certified Stress Mgmt Tech (CSMT)	<input type="checkbox"/>
Certified Natural Therapies Practitioner (CNTP)	<input type="checkbox"/>	Certified Bioenergetics Tech (BET)	<input type="checkbox"/>

**Please type or print the following information.**

Date:		Name (as it would appear on certificate):	
Supervising Company:		Company Address:	
City:	State:	Postal:	Country:
Company Phone:	Home Phone:	Cell Phone:	
Company Website:		E-Mail:	

**Degree and Experience**

Highest degree attained (degree and subject):
Licenses and certificates (Please list all. If necessary, send separate copies/documents):

**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 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: \_\_\_\_\_

Supervisor / Employer's Signature: \_\_\_\_\_

**I verify that this employee is under my direct supervision and that I am responsible for their conduct.**