



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

RECERTIFICATION APPLICATION

Technician Recertification – Reinstatement

Fee: \$130 for one certification

Specialist requirements must be completed within one year for free upgrade.

Please check one certification.

<input type="checkbox"/> Certified Biofeedback Technician (CBT)	<input type="checkbox"/> Certified Quantum Biofeedback Technician (QBT)
<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 Bionetics Technician (CBNT)	<input type="checkbox"/> Certified Pain Management Technician (CPMT)

Type of Biofeedback device (please identify):

Please type or print the following information.

Date:	Name (as it would appear on certificate):		
Business Name:			
Address:		City:	
State/Province:	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 copies/documents):			State / Prov/ License #
1	I have completed my 500 hour biofeedback or neurofeedback internship.	Y	N
2	I have completed a course in Anatomy & Physiology.	Y	N
3	I have completed intermediate and advanced courses/workshops/seminars.	Y	N
4	I have completed a 40 CEU coaching workshop (or LSH Workshop). Name of instructor:	Y	N
5	I have completed 20 CEU's (please send list on back of this form):	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

Signature: _____