

BCIA Mentoring for Neurofeedback Certification Time/Activities Log Form

Applicant					
Mentor			Certification #		
	g below lists nted for certi	the specific dates, times and d	escriptions of	mentoring act	tivities being
Date	25 Contact Hours	Description of Mentoring Activities	10 Personal Sessions	100 Patient/Client Sessions	10 Case Conferences
Conta	ct Hours Con	npleted with Mentor:	Hours		
I attes	t that the me	ntoring hours listed above are a	ccurate.		
BCIA I	Mentor Signa	ture		Date:	
Applic	ant Signatur	e	Date	•	

Note: More than one mentor may be used. Please submit this form for each mentor.