



# Natural Therapies Certification Board

## CERTIFICATION APPLICATION

### BIOFEEDBACK TECHNICIAN

**Fee: \$65 per year + \$25 for each additional certificate**  
**Please check the type(s) of certification requested.**

Certified Biofeedback Technician (CBT)	Certified Pain Mgmt. Technician (CPMT)
Quantum Biofeedback Technician (QBT)	Certified Stress Mgmt. Technician (CSMT)
Certified Bioresonance Technician (CBRT)	Certified Bioenergetics Technician (CBET)
Certified Bioresonance Specialist (CBRS)	Certified Bioenergetics Specialist (CBES)

Type of Biofeedback device (please identify):

#### CONTACT INFORMATION (Please type or print)

Date:	Name (as it would appear on certificate):		
Business Name:			
Address:		City:	
State:	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 documents.):	State / Prov/ License #
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Type of Biofeedback Device:

1	I have completed the Biofeedback Beginners Course. <b>*Note: Applicants applying online must attach Beginners Course Certificate of Completion or the Biofeedback 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	I have completed / documented _____ hours of my 500-hour biofeedback internship.		

#### CREDIT CARD INFORMATION

**Visa, MasterCard or Discover Credit Card Number:**

**Expiration Date:** \_\_\_\_\_

**Name as it appears on credit card:**

NOTE: All credit cards are handled confidentially by our secure gateway IPX Services, Inc. over their secure servers. We're sorry, but we cannot accept American Express. Fees may be paid by check or credit card. Applicants may e-mail, fax, or mail application.

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