



507 Old Toll Circle – Black Mountain, NC 28711 ♦ 800-710-1539, ext. 1 ♦ 828-357-8415 (fax) ♦ ntcg.info@gmail.com

CERTIFICATION APPLICATION

Neurofeedback Technician*

Fee: \$65 per year + \$25 for each additional certificate

Please type or print the following information.

Certify me for three years as follows (check): <input type="checkbox"/> Certified Neurofeedback Technician (CNT)		<input type="checkbox"/> Certified Pain Management Technician (CPMT)	
		<input type="checkbox"/> Certified Stress Management Technician (CSMT)	
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):
Licenses and certificates (Please list all. If necessary, send separate copies/documents):

Credit Card Information

Fees may be paid by check or credit card. Applicants may email, fax or mail the applications to the NTCB.

Visa, MasterCard or Discover Credit Card Number: _____
CC 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.

***I have completed the basic training under the Neurofeedback Technician Blueprint. I have attached my certificate of completion or this form is being additionally signed by my instructor.**

Signature: _____

Instructor (if applicable): _____