



Petition of Eligibility for QEEG Certification Candidacy

Date:		Date of Birth:	
Candidate Name:			
Address:			
City:		State:	Zip:
Phone:		Email:	
Form of identification (SS#, DL# (provide state) or other (please name) (this will be verified at the time of the exam):			

International Applicants: Please include your country code with telephone and fax numbers.

Education - Highest Degree

Highest Degree Earned (MA, PhD, etc):	Field of Study:
Academic Institution:	Year completed:
Institution Address:	

License/Credential for Independent Practice

****Provide copy of license (If unlicensed, provide transcript)

Licensure/Credential:	State:	
License #:	Exp Date:	
	Yes	No
Have you ever been reviewed or disciplined by a disciplinary or regulatory agency?		
Is your license/credential currently under review by a disciplinary or regulatory agency?		
Have you voluntarily surrendered a license/credential?		
Have you been convicted of a crime?		
If Yes, please provide or attach further explanation:		

Practical Hands-On QEEG Training Experience

Employer & Title				
Address				
Dates of Employment	From	To	Years of QEEG exp:	
Description of Population Served				
Employer & Title				
Address				
Dates of Employment	From	To	Years of QEEG exp:	
Description of Population Served				
			Yes	No
Are you currently able to record EEGs independently?				
Are you currently able to interpret QEEGs independently?				
Are you BCIA certified?				
I plan to certify as a <input type="checkbox"/> Technologist <input type="checkbox"/> Diplomate				

Which organizations are you a member of:

Return this completed form to: iqeeegcb@gmail.com

International QEEG Certification Board
iqeeegcb@gmail.com