



Completion of Mentorship and Didactic Form Reservation for Exam

Date:		
Candidate Name:		
Email:		
Mentor's name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

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

Please submit this form along with

- 1) **The *Mentor Verification Form* supporting your EEG/QEEG work**
- 2) **Copy of *Certificate of Completion* from didactic program**

_____ I am prepared to sit for the exam on January 29, 2018 at 10:00am in Cleveland, Ohio

_____ I have paid the \$150 Exam fee to StressTherapy Solutions

_____ I have filled out the QEEG Certification application and paid the \$200 Application Fee

Send all three forms to: stsinc@stresstherapysolutions.com or lisastsinc@aol.com

Call 800-447-8052 or 216-990-6874 with any questions

QEEG Certification Board | 5613 Duraleigh Rd. #101 | Raleigh, NC 27612

Liza Chartier, Administrative Assistant, qeeccb@gmail.com