



International Organization Of Certified Biofeedback Practitioners

New Member Application Form

Name: _____ Date: _____

Email: _____ Phone: _____

All information contained within this box will be posted on the website.
Leave blank any information you DO NOT want posted.

Designations (e.g. DNM, BD, DSM, etc): _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Website: _____

Business Email: _____

Mailing Address (if different than Business Address)

City: _____ State: _____ Zip: _____

Education and Training

All new members must complete professional biofeedback training to be considered for the Certified Biofeedback Professional (CBP) designation.

For applicants who received their biofeedback training from IBEM: a letter from the dean must be submitted with this form in order to show good standing with IBEM. To obtain a letter, email Dr. Meredith McCord at breathe@teleport.com

For all other applicants, fill out the following information documenting official training. The training program will be evaluated by the IOCBP Board and you will be notified if your training will be accepted. Additional documentation may be requested.

Payment

The membership fee of \$125 due at time of submission. Checks can be made out to IOCBP and mailed with the application or Paypal (IOCBP@mail.com) is also accepted.

Completed Biofeedback Training Program

Date	Organization	Topic	# of Hours	Instructor(s)

Please attach any copies of certificates of completion.

Mail all required documents to:

IOCBP

10290 S Progress Way Ste 207

Parker, CO 80134

Or

Email: IOCBP@mail.com