

**Southeastern Biofeedback and Clinical Neuroscience Association
2013 Membership Application**

___ **New**

___ **Renewal**- Do not need to complete Address & Education/Experience sections unless your information has changed.

Name _____
(Last) (First) (Middle) (Degree/Credentials)

Address: Mailing Address (not for publication) _____
Address for Directory & Website _____

Email _____ **Email** _____

Home: _____ **Work** _____
Area Code Number Area Code Number

Cell Phone _____ **Fax** _____
Area Code Number Area Code Number

Specialty Areas _____

If you **DO NOT** wish to have any of the above information published in the directory & on the website, please sign here

EDUCATION & EXPERIENCE

Undergraduate

Graduate

Institutions _____ Institution _____

Degree & Date _____ Major _____ Degree & Date _____ Major _____

Current Credentials: Licensure/Title _____ State _____ Number _____
Certification _____ State _____ Number _____

How long have you been a provider of applied psychophysiology and/or biofeedback services? _____

Position or Title: _____ Present Employer _____

Description of duties related to behavioral medicine, applied psychophysiology & biofeedback:

Previous employment experience related to behavioral medicine, applied psychophysiology & biofeedback:

Equipment and/or modalities you use:

What have you done to stay current in the fields of behavioral medicine, applied psychophysiology and biofeedback (workshops, conferences, research, readings, etc.)?

Have you ever had a professional license/certification/registration revoked/suspended/voluntarily relinquished, been placed on probation by a professional credentialing organization, or convicted of or charged with any felony, crime or ethical violation? _____ No _____ Yes (if yes to any, please attach explanation)

I affirm that the statements made in this application correctly represent my qualifications for election. In making this application, I agree to and will support the objectives of the North Carolina Biofeedback Society as set forth in the bylaws and Ethical Standards adopted by the Society. I also understand that acceptance into membership does not imply professional endorsement of skills by NCBS.

Applicant's Signature _____ Date _____

Circle Type of Membership (postmarked by May 31st) Professional \$40 *Affiliate \$20 Student \$20
After May 31st Professional \$50 *Affiliate \$30 Student \$30

Mail App & Check to: Adrianna Steffens 15 South Main Street, Oneonta, NY 13820
OR
Go to www.ncbiofeedback.org and complete the online application and pay through Paypal

*Affiliate Member if you are not directly engaged in the field of behavioral medicine, applied psychophysiology, or biofeedback and/or does not possess a college degree from an accredited institution and/or is involved in a peripheral capacity (ex., an aide or technician who provides support services, computer specialist who designs software for equipment, etc.)