



## Petition of Eligibility for QEEG Candidacy

Date:		
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.

### Other Healthcare Experience (optional)

Highest Education Level:	Year completed:	
Licensure:	State:	
	Yes	No
Are you currently able to record EEGs independently?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently able to interpret QEEGs independently?	<input type="checkbox"/>	<input type="checkbox"/>
Are you BCIA certified?	<input type="checkbox"/>	<input type="checkbox"/>
Which organizations are you a member of:		

**Once this application has been received you will be provided with a password to access the required reading list.**

**Return this completed form to: [qee tcb@gmail.com](mailto:qee tcb@gmail.com)**

**QEEG Certification Board | 1925 Francisco Blvd. E. #12 | San Rafael, CA 94901**

**Cynthia Kerson, secretary [qee tcb@gmail.com](mailto:qee tcb@gmail.com)**