



## 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

Send all three forms to: [qee tcb@gmail.com](mailto:qee tcb@gmail.com)

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

Liza Chartier, Administrative Assistant, [qee tcb@gmail.com](mailto:qee tcb@gmail.com)