



International QEEG Certification Board Application for Accreditation

Name of Organization:	Website:
Contact Name:	Title:
Address:	
Phone:	Email:

Teaching Method: Live training Distance Learning Combination
(check all that apply)

Please complete the information requested in the columns below:

BLUEPRINT AREA	HOURS REQ.	HOURS TAUGHT	INSTRUCTOR NAME	*QEEG-D/DL #
I. HISTORY	1			
II. NEUROSCIENCE	8			
III. TECHNICAL	4			
IV. EEG	8			
V. QEEG	9			
VI. PSYCHOPHARMACOLOGY	2			
VII. RESEARCH	2			
VIII. ETHICS	2			
IX. CLINICAL PRACTICE/FORENSIC	4			
TOTAL	40			

***NOTE:** 75% of the 40-hour course must be presented by QEEG certified Diplomates

Description of Training Facility:

Authorized Signature
Printed Name
Date