



IQCB Accredited Providers Course Report

Please return this form within 30 days of completion of program to: iqcbadmin@iqcb.org or mail to:

IQCB | 148 Sheffield G | West Palm Beach, FL 33417

Name of Accredited Provider: _____

Title of Program: _____

Name of Individual Completing this Report: _____

Phone: (____) _____ Fax: (____) _____

Date(s) of Program: _____

Number of Hours Offered: _____ Number of Trainees in Program: _____

Attach typed roster of trainees on a separate page containing name & email

List all faculty: _____

			<small>(if applicable)</small>
BLUEPRINT AREA	# HOURS TAUGHT	FACULTY NAME	QEEG-D #
I. History - 1 HR			
II. Neuroscience - 8 HRS			
III. Technical - 4 HRS			
IV. EEG - 8 HRS			
V. QEEG - 9 HRS			
VI. Psychopharmacology - 2 HRS			
VII. Research - 2 HRS			
VIII. Ethics - 2 HRS			
IX. Clinical Practice/Forensic - 4 HRS			

75% of Didactic hours (30 hrs) were provided by QEEG-certified faculty: (initial) _____