



# The Biofeedback Certification International Alliance

## Application for Board Certification in Neurofeedback

Please complete this form, providing documentation as instructed in each item below. Please use the same name on all correspondence and print or type all information. Documents may be submitted electronically.

Name: Charles Lamaine Kelsey, D.C.			
First	Middle	Last	(Degree for certificate, optional – this information will be printed on your certificate)
Company/Business: Fort Wayne Neurofeedback, LLC			
Street Address: 7127 Homestead Road, Unit F			
City, State, Zip: Fort Wayne, IN. 46814			
Phone Number: 260.432.8777		Email: tabasco1812@hotmail.com	
Education	Manchester University	B.S. English	1969
Educational Institution	Palmer College (Davenport)	Degree	D.C., Year Awarded 1978
			Chiropractic
			Health Care Field

**\*If unlicensed, your university must send an official copy of your transcript directly to BCIA.**

**License/Credential for Independent Practice** When treating a medical or psychological disorder, you are required to hold a current health care license or agree to work under the legal supervision of an appropriately credentialed health care professional. This credential in a BCIA-approved health care field must be issued or recognized by the state in which you practice. *\*All applicants who live and work outside the US and Canada must carry a valid health care license/credential.\**

I am licensed to provide clinical services and ethically treat medical/psychological disorders within my scope of practice and under the laws of my state(s). In order for this application to be valid, you must submit a copy of that license/credential. My license(s) to practice are as follows:

State/Province: Indiana	Discipline: Chiropractic (Neurofeedback)
Lic. #: A637	Exp Date: 30 June 2021

Currently or ever, has your license been reviewed, investigated, or voluntarily surrendered? Please explain further by attaching a description of the facts and the outcome. If there is a current investigation or issue, this application will not be processed further until the matter is resolved.

I am not licensed to provide clinical services and cannot ethically and independently treat medical/psychological disorders under the laws of my state(s). You must check each of the following to be eligible for certification or recertification:

I have never had a license that was removed or surrendered due to a complaint filed against me.

I will only treat medical/psychological disorders under an appropriately licensed supervisor in accordance with my level of competence, scope of practice, and under my state laws. My primary supervisor's contact information is listed below (if applicable):

Name:	Discipline:
Lic. #:	Exp Date: