



QEEG Certification Board Application for Certification Examination

Print this page and fill in blanks by hand, printing carefully, please. Thank you!

Last Name _____ First _____ Mid. Init. _____ Highest Degree _____
 Dr. Mrs. Mr. Miss Ms.

Professional or Academic Affiliation _____

Please include COMPLETE postal address information so mailings will be deliverable.

Postal Address _____

City _____ State/Province _____ Country _____ Postal Code _____

** International Applicants: Please include your country code with telephone and fax numbers.*

Telephone: Voice* _____ FAX* _____

Internet address (print extra carefully) Email: _____ Web: _____

_____ (INITIALS please.) **I hereby agree that upon successful completion of the certification steps, my name and degree + affiliation name, city, state, country, phone, e-mail & website MAY be made publicly available, e.g., via QEEGboard web site & other publications.**

Current & Valid Licenses, Certifications, Memberships

Please list all that apply	State/Country	Number	Expires
Professional License			
Professional Certification			
National Professional Certification Board			
Membership in Professional Associations/Societies			

Enclosed is the Examination fee in the amount of . . . US\$ 150
payable to: "QEEG Board as a Check or Money Order.

Signature _____ Please supply SS# or other ID# that will be verified at exam: _____

Mail the completed form to: K. Thornton, Suite 203c, 2 Ethel Road, Edison, NJ 08817 USA
Or FAX to: either 908-753-1800 (Center for Health Psychology) or 732-549-6801 (home fax)