

**FORM 7**

**Othmer Method Neurofeedback Certification**

**Mentoring Hours**

*Mentoring must be obtained by an Othmer Method Certified Provider*

I hereby attest that \_\_\_\_\_ has completed the following number of mentoring hours with me.

\_\_\_\_\_ Number of hours of group mentoring

\_\_\_\_\_ Number of hours of individual mentoring

Mentor's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Othmer Method Neurofeedback Certification number: \_\_\_\_\_