

Name \_\_\_\_\_

Date \_\_\_\_\_

**FORM 6**

**Othmer Method Neurofeedback Certification**

Summary of *Practice Guidelines and Standards* by Striefel

*List below three key ideas from each chapter:*

**Chapter 1: Historical Perspective**

1.
2.
3.

**Chapter 2: Practice Guidelines and Standards for Providers**

1.
2.
3.

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Summary of ***Practice Guidelines and Standards*** by Striefel

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**Chapter 3: Competence**

1.

2.

3.

**Chapter 4: Clinical Supervision**

1.

2.

3.

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Summary of ***Practice Guidelines and Standards*** by Striefel

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**Chapter 5: *Informed Consent***

1.

2.

3.

**Chapter 6: *Consultation***

1.

2.

3.

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Summary of ***Practice Guidelines and Standards*** by Striefel

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**Chapter 7: Confidentiality**

1.

2.

3.

**Chapter 8: Fees, Billing and Collection Procedures**

1.

2.

3.

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**Chapter 9: *Professional Relationships***

1.

2.

3.

**Chapter 10: *Technology***

1.

2.

3.