

Educational Kinesiology Foundation

Requirements for Licensure as a Brain Gym[®] Instructor/Consultant

- ~ Students may move between the levels with flexibility if all prerequisites for a desired course have been completed.
- ~ Pilot courses can be taken for re-licensure only and are identified in parenthesis as (P).
- ~ The Edu-K course lists changes occasionally – for the most accurate list, please visit www.braingym.org.

REQUIRED COURSES

- **Brain Gym 101** (24 hours)
- **Brain Gym 101 Repeat** (24 hours)
- **201 – Optimal Brain Organization** (16 hours)
- **Anatomy or Kinesiology Courses** (16 hours)
This requirement is met with courses in anatomy, kinesiology, physiology, or Touch for Health. Documentation of successful completion of approved coursework must be submitted to the Educational Kinesiology Foundation prior to licensure.

Go to braingym.org for list of courses
Other non-BG courses may apply – please contact the Foundation for information
- **301 – Educational Kinesiology In Depth: Seven Dimensions of Intelligence** (32 hours)
This course offers an overview of the larger body of work of Educational Kinesiology. Candidates for licensure have the option of taking this course any time after completing one *Brain Gym 101* course and the four required Brain Gym 101 Case Studies.
- **BGI Elective Courses** (96 hours)
- **401 – Brain Gym Teacher Practicum** (32 hours)
This is the final required course for licensure. Candidates must have successfully completed Steps One, Two, and Three in their entirety prior to enrolling in the *Brain Gym Teacher Practicum*.
- **Brain Gym Instructor/Consultant Sublicense Agreement**
The agreement is offered to candidates who have successfully completed the *Brain Gym Teachers Practicum*. Execution of the agreement is required for licensure.
- **Licensing Fee**
An annual licensing fee in the amount of USD 200.00 is required to maintain valid licensure.

PRACTICAL APPLICATION

- **3 Private Consultations**
Receive private consultations from a licensed Brain Gym Instructor/Consultant. These can be completed either in person or on the phone. Candidates are encouraged to experience these sessions from different Brain Gym Instructor/Consultants. Bring completed Consultation Forms to the *Teacher Practicum*.
- **15 Case Studies**
 - 4 from BG101 (1 must be a self-balance)
 - 3 from In Depth
 - 8 Student's choice

Bring completed Case Study Log with corresponding Balance Forms to the *Teacher Practicum*.

NOTE: Please see pages 2-8 for checklist, and other licensing documents.

**Educational Kinesiology Foundation
Brain Gym® Instructor/Consultant Licensure Checklist**

Have each instructor initial your course attendance. Bring completed checklist & all certificates to the Practicum.

	<u>Dates</u>	<u>Instructor</u>	<u>Course Hrs.</u>
<u>REQUIRED COURSES</u>			
<input type="checkbox"/> Brain Gym 101 (24 hours required)	_____	_____	_____
<input type="checkbox"/> Brain Gym 101 Review (24 hours required)	_____	_____	_____
<input type="checkbox"/> 201 – Optimal Brain Organization (16 hours)	_____	_____	_____
<input type="checkbox"/> 301 - Educational Kinesiology In Depth: Seven Dimensions of Intelligence (32 hours)	_____	_____	_____
<input type="checkbox"/> 401 - Brain Gym Teacher Practicum (32 hours)	_____	_____	_____
<input type="checkbox"/> Brain Gym Instructor/Consultant Sublicense Agreement	_____		
Professional Membership Paid	_____		
<input type="checkbox"/> Elective Hours (96)			
Course(s)_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summary of Licensure Requirements

To be completed by candidate and course instructors

<u>Requirement</u>	<u>Date</u>	<u>Instructor</u>	<u>Course Hrs.</u>
<input type="checkbox"/> Total Coursework Hours (224 required) <i>To be verified by Foundation office personnel</i>			_____
<input type="checkbox"/> Total Case Studies (15 Required) <i>BG101 to be verified by In Depth instr.</i>	_____	_____	
<i>All others to be verified by Practicum instr.</i>	_____	_____	
<input type="checkbox"/> Total Private Consultations received (3 Required) <i>To be verified by Practicum instructor</i>	_____	_____	
<input type="checkbox"/> Signed Sublicense Agreement	_____	_____	
<input type="checkbox"/> Professional Membership paid <i>To be verified by Foundation office personnel</i>	_____		

Candidate: _____

**Educational Kinesiology Foundation
Case Studies Log**

Case Studies of at least fifteen balances are required to become a Brain Gym instructor/consultant. Please use *Balance Case Study Forms* to record these balances and use this form to log them. Bring both the case study forms and this log with you to the *In Depth: Seven Dimensions of Intelligence* course and the Brain Gym Teacher Practicum course.

Name of instructor/consultant candidate _____

Address: _____ Email: _____

_____ Phone: _____

BG 101 BALANCES

BRAIN GYM 101

1. Name of balance recipient _____ Date _____

Type of balance: _____

Something I learned from facilitating this balance: _____

2. Name of balance recipient _____ Date: _____

Type of balance: _____

Something I learned from facilitating this balance: _____

3. Name of balance recipient _____ Date _____

Type of balance: _____

Something I learned from facilitating this balance: _____

SELF BALANCE (using noticing and based on BG101 material)

4. Name of balance recipient _____ Date _____

Type of balance: _____

Something I learned from facilitating this balance: _____

EDU-K BALANCES

301 Edu-K In Depth

5. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

6. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

7. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

8 STUDENT'S CHOICE BALANCES

1. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

2. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

3. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

4. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

5. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

6. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

7. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

8. Name of balance recipient _____ Date _____
Type of balance: _____
Something I learned from facilitating this balance: _____

**Educational Kinesiology Foundation
Case Study Balance Form**

The completion of this form provides important feedback to the Brain Gym[®] instructor/consultant candidate. We appreciate your input.

Name of instructor/consultant candidate: _____

Recipient's name _____ Date _____

Goal for the session (optional) _____

My session emphasized the following skills and areas of learning (check all that apply)

- communication organization abilities focus and concentration math
- vision improvement eye/hand coordination listening memory
- reading drawing relaxation and staying on task
- speech balance of emotional stress with rational thinking writing
- other _____

What was your experience of the candidate's skill in the following areas?

- | yes | sometimes | rarely | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | listened to my needs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | knew what he or she was doing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | was confident in his or her abilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | was well organized |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | communicated clearly with me on the phone and during session |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | honored my learning rhythm and needs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | validated my gifts and abilities |

I would work with (name of candidate) _____ again.

I would recommend Brain Gym to a friend.

Signature of balance recipient

Signature of candidate

Type of balance _____
(i.e. Action Balance for _____, X Span Balance, In Depth Balance, etc.)

Candidate: please record this balance on your case study log. Bring Case Study Log and corresponding Balance Forms with you to the *Educational Kinesiology In Depth: Seven Dimensions of Intelligence* course and/or the *Brain Gym Teacher Practicum* course.



Educational Kinesiology Foundation

Form for candidate receiving private session

For Candidate:

Self-reflection is a valued skill of an Edu-K consultant. Please use this form as a means to evaluate and assess your experience during this session and where you might be drawn to next. Feel free to use both sides if needed.

Instructor/consultant candidate: _____ Date _____

Licensed Brain Gym Instructor/Consultant _____

Goal for the session (sharing is optional) _____

Type of balance: 100 level 200 level 300 level 400 level other _____

Type of session: in person phone consult email other _____

Reflections

What did I learn about myself personally while receiving the balance?

What techniques and skills can I apply from this experience when I facilitate balances with others?

How can I strengthen and support myself in becoming a well-rounded professional (Within the consulting framework, identify some opportunities for growth and begin identifying future goal possibilities)?

Licensed Instructor/Consultant Verification

By signing below you are confirming that you facilitated a private session on ____/____/____ for the instructor/consultant candidate named on this form.

Print Name

Signature

If session was not completed in person please attach verification from Licensed Consultant.