



## 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](http://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** (14 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](http://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** (16 hours) – any course from Brain Gym® International's curriculum, levels 1-3.
- **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

- **7 Case Studies**
  - 4 from BG101 (1 must be a self-balance)
  - 3 from In Depth

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>REQUIRED COURSES</u>	<u>Dates</u>	<u>Instructor</u>	<u>Course Hrs.</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"/> <b>Total Coursework Hours</b> (224 required) <i>To be verified by Foundation office personnel</i>			_____
<input type="checkbox"/> <b>Total Case Studies</b> (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"/> <b>Total Private Consultations received</b> (6 Required) <i>To be verified by Practicum instructor</i>	_____	_____	
<input type="checkbox"/> <b>Signed Sublicense Agreement</b>	_____	_____	
<input type="checkbox"/> <b>Professional Membership paid</b> <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

11. Name of balance recipient \_\_\_\_\_ Date \_\_\_\_\_

Type of balance: \_\_\_\_\_

Something I learned from facilitating this balance: \_\_\_\_\_

\_\_\_\_\_

12. Name of balance recipient \_\_\_\_\_ Date \_\_\_\_\_

Type of balance: \_\_\_\_\_

Something I learned from facilitating this balance: \_\_\_\_\_

\_\_\_\_\_

13. 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.



## **Credits for Brain Gym® Instructor Re-licensure 48 credits required every 4 years**

Credits are good for one 4-year licensure period and may not be carried over.

At least 24 credits have to be from the approved Edu-K curriculum. One credit is granted for each certificate hour of attendance.

Up to 24 Non-Edu-K credits can be used towards re-licensure every four years. These credits can come from any of five categories, with a maximum of 12 credits per category. Exhibit B from the Sublicense agreement has the exact credit allocations.

- Approved complementary courses with a \$25 processing fee and proof of participation, such as course certificate, submitted with the re-licensure packet. (1 credit per certificate hour)
  - Touch for Health (all levels)
  - Bal-A-Vis-X
  - Rhythmic Movement Training
  - Education Through Music
  - Others as they are reviewed and approved by Course Review Team
- Teaching and sponsoring courses:
  - Teaching Brain Gym 101 (2 credits per course)
  - Sponsoring courses from the approved Edu-K curriculum (2 credits per course)
- Service to Edu-K community such as volunteering on a committee, the board and/or network organiser.
- Attending:
  - Local Brain Gym days (2-4 credits)
  - International Conferences (12 credits)
  - Presenting at an International Conference (2 credits)
- Other:
  - Attending a Faculty Forum (1credit per forum)
  - Developing a course or product (5 credits)
  - Researching Brain Gym (2-4 credits)
  - Publishing an article (2 credits)
  - Translating materials (5 credits)

**To receive credit ~ please sign, complete, and return the attached form and other relevant documents to:**

Brain Gym® International  
1575 Spinnaker Drive, Ventura, CA 93001  
email: [admin@braingym.org](mailto:admin@braingym.org) OR fax: 805.650.0524





**Educational Kinesiology Foundation  
Brain Gym® Instructor/Consultant Re-licensure Checklist  
Return this form to: 1575 Spinnaker Dr., Suite 204B, Ventura, CA 93001**

48 credits required every 4-year period  
At least 24 credits required from approved Edu-K curriculum

<u>Credits</u>	<u>Edu-K course title</u>	<u>Instructor</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Up to 24 Non-Edu-K curriculum credits can be used towards licensure  
with a maximum of 12 points per category: Complementary courses, Teaching/Sponsoring, Edu-K  
service, Brain Gym conference/days, and Other.

<u>Credits</u>	<u>Category</u>	<u>Title</u>	<u>Date(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>NAME</b>	_____	<b>DATE</b> ____ / ____ / ____
	(print)	
<b>ADDRESS</b>	_____	
	_____	
<b>TELEPHONE</b>	_____	<b>EMAIL</b> _____

By signing here I declare the above is accurate to the best of my knowledge, and agree to abide by the principles and ethics of Brain Gym® International.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Instructor Sublicense:  
Exhibit C

## ENROLLMENT AGREEMENT

Please enroll me as a student of the Brain Gym® 101 course. I understand and agree that:

- I am participating in the Brain Gym® 101 course for my personal and professional development only.
- In order to teach the Brain Gym® 101 course, I must complete the necessary coursework and hold a valid sublicense with the Educational Kinesiology Foundation/Brain Gym® International.
- In order to charge a fee for my services as a Brain Gym® Instructor/Consultant in any capacity, I must complete the necessary coursework and hold a valid sublicense with the Educational Kinesiology Foundation/Brain Gym® International.
- The information in the Brain Gym® 101 course is trademark- and copyright-protected.
- There is a Foundation review process for courses and products arising from the Brain Gym® work, and that I can contact [info@braingym.org](mailto:info@braingym.org) for further information.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student name printed

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Educational Kinesiology Foundation/Brain Gym® International  
1575 Spinnaker Drive, Suite 204B, Ventura, CA 93001  
T: 805.658.7942 ~ Toll Free: 800.356.2109 ~ Fax: 805.650.0524 ~ Web: [www.braingym.org](http://www.braingym.org)

Brain Gym® is a registered trademark of Brain Gym® International/the Educational Kinesiology Foundation.



## Code of Ethics and Professional Standards

All Brain Gym® Instructor / Consultants and members of the Educational Kinesiology International Faculty agree to abide by the following tenets:

- To follow an educational model that honors the inborn intelligence of each individual and draws out learning through natural movement experiences
- To communicate with students and peers in a respectful manner
- To honor confidentiality, the only exception to this being issues of child abuse, potential suicide, or the revelation that someone poses a threat to another (in many states these must by law be reported to appropriate authorities)
- To orient to the process rather than to end results, focusing on students' gifts and potential and using difficulties as a springboard to educate and empower
- To foster constructive interactions by using a noticing model (see the Practicum manual, pages 12, 14, and 15) and avoiding any suggestion of blame
- To abstain from labeling, treating, prescribing, or diagnosing
- To respect the client's or student's personal responsibility and choices
- To honor integrity in any interaction involving touch by maintaining appropriate professional boundaries, never violating trust through inappropriate intimacy
- To honor equally the rights of all and maintain an appropriate neutrality regarding gender, creed, ethnicity, politics, education, or religion
- To honor the thoughts and feelings that we see, sense, or hear spoken, as well as honoring information determined through muscle checking, recognizing that muscle checking provides information for the decision-making process yet does not preempt thinking and sensing
- To be financially honest and fair in all areas of business
- To acknowledge and celebrate any mental, emotional, or physical improvements as the student's or client's own



**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.