



Application for ICBCH Reciprocity Membership and Clinical Hypnosis Specialty Certification Recognition

Complete the required information. Sign and date both pages of this application and return it to our office by fax or mail, along with any additional information requested and the appropriate fee.

PLEASE PRINT NEATLY

Name as it should appear on your Certificate: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

List your highest academic degree: _____

University Name: _____ Year of Graduation: _____

List your professional state issued license(s)/certification(s) - if any:

Type: _____ #: _____ State: _____

Type: _____ #: _____ State: _____

Check Which Level of Membership Certification are you applying for through the ICBCH:

_____ **Certified Professional Hypnotist (C.P.H.) (\$49)** Requirements for this level of certification include completion of 50 hours of ICBCH approved training. Members of the ICBCH who are certified by or have completed coursework through another professional organization with substantially similar training requirements may apply for CPH status through reciprocity. *Attach documentation of at least 50 hours of clinical hypnosis training or certification.*

OR

_____ **Certified Clinical Hypnotherapist / Advanced (C.C.H./AC) (\$49)** The ICBCH will award status as a Certified Clinical Hypnotherapist / Advanced standing only to those who are certified or licensed by a state or recognized national board in healthcare, medical or mental health professions, who have completed at least 50 hours of approved hypnosis coursework. *You must provide your state issued licensure/certification documentation, and Attach documentation of at least 50 clinical hypnosis training or certification hours.*

AND Optional

_____ **ICBCH Diplomate Status (\$20 more)** Diplomate status is reserved for those who are ICBCH certified as Clinical Hypnotherapists (CHT) or Professional Hypnotists (CPH) who have completed at least 100 hours of hypnosis instruction through the ICBCH or another recognized provider. *Attach documentation of at least 100 hours of clinical hypnosis training or certification.*

(Page 1 of 2) Signature: _____ **Date:** _____



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Complete the required information. Sign and date both pages of this application and return it to our office by fax or mail, along with any additional information requested and the appropriate fee.

Have you ever been convicted of a felony? Yes No *(If yes, attach a full explanation.)*

(NOTE: Although a prior felony conviction will not automatically disqualify one for certification or membership, any person with a prior felony conviction for moral or sexual crimes against children, or sexual violence against adults, or other felonies as deemed inappropriate for certification by the ICBCH will not be certified by the ICBCH. Failure to disclose criminal history will result in revocation of credentials, and is an act of perjury. If you have questions on this policy, please contact our office prior to completing the application.)

Have you ever had a professional license or certification revoked, suspended or denied in any state or by any certification board? Yes No *(If yes, attach a full explanation.)*

- Please enclose a legible photocopy of a government issued photo ID, i.e. driver's license, passport, professional license, military ID.
- Please return the completed 2-page Application and the required documentation at the same time, together in one envelope. You may fax the pages, but regular mail is preferable for this process.

Read and sign your acknowledgement:

I hereby certify that the information provided above is true and accurate. I am applying to receive membership in the ICBCH and recognition as a hypnotist/hypnotherapist. I understand that this certification recognizes specialized training in the required subject matter and does not provide the authority to offer client services apart from the existing requirements of my state of residence. I agree to practice within the scope of my education, experience and training and to provide client services consistent with the ethical standards of ICBCH, my respective professional designation(s), and within state law. Certification certificates remain the property of the ICBCH and must be surrendered in the event of revocation by the Board.

Signature: _____ **Date:** _____

___ Check Enclosed ___ MasterCard ___ Visa ___ DiscoverCard ___ AmEx

Card Number : _____ **Expires:** _____ **Security:** _____

___ CCH Certification (50 hours, licensed) = \$49

OR ___ CPH Certification (50 hours, non-licensed) = \$49

AND Optional ___ with Diplomate Status (100 hours + \$20) = \$69 total

(Page 2 of 2)