



Application for ICBCH Certification and Membership through an approved training school

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 processing fee of \$25

FAX to: (888) 877-6020 or mail to:

ICBCH, Inc. 15560 N. Frank L. Wright Blvd. Suite B4-118, Scottsdale AZ 85260

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: _____

Which ICBCH Approved School have you completed your training through?

Name: _____ Date: _____

You must enclose a photocopy of your certificate of completion, signed by one of our authorized instructors.

Please complete the following:

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 membership by the ICBCH will not be Eligible for membership in the ICBCH. Failure to disclose criminal history will result in revocation of membership, 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.)

ICBCH Certification and Membership Application

Please enclose a legible photocopy of a government issued photo ID, i.e. driver's license, passport, professional license, military ID. You may fax the pages, but regular mail is preferable for this process.

Please check which certification you are applying for:

- Certified Professional Hypnotist
- Certified Clinical Hypnotherapist (Only available to graduates with both an academic degree and state licensure)
- Certified Professional NLP Practitioner
- Certified Life-Coach
- Certified Medical Meditation and Stress Management Consultant

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: _____

Please return via FAX to (888) 877-6020 or mail to:

ICBCH, Inc.
Peachtree Professional Education, Inc.
15560 N. Frank L. Wright Blvd. Suite B4-118
Scottsdale AZ 85260