



## Application for **ADVANCED 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.

**PLEASE PRINT NEATLY**

**Name as you want it to appear on your Certificate:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**List your highest academic degree:** \_\_\_\_\_

University Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

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

Type: \_\_\_\_\_ #: \_\_\_\_\_ State: \_\_\_\_\_

Type: \_\_\_\_\_ #: \_\_\_\_\_ State: \_\_\_\_\_

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

\_\_\_\_\_ **Certified Professional Hypnotist (C.P.H.)** 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 20 additional hours of training or certification, if completed through another organization.*

\_\_\_\_\_ **Certified Clinical Hypnotherapist / Advanced (C.C.H./AC)** 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 coursework. *Must provide your state licensure/certification documentation. Attach documentation of 20 additional training or certification hours, if completed through another organization.*

\_\_\_\_\_ **ICBCH Diplomate Status** 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 the additional 70 hours of training or certification if through another organization.*

**Page 1 of 2** Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Application for **ADVANCED** Clinical Hypnosis Specialty Certification Recognition

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**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, 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 course materials.)

**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 required Evaluation of Learning Quiz forms and this 2-page Application 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 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:** \_\_\_\_\_