Approved Consultant

Personal Information

Name: ____
First Middle Last Credentials

Company: ______________________________ Job Title: ___________________________________

Address: ____
Street

____________________________ __________ ____________ _________________________
City State Postal Code Country

Phone: __________________________________ Fax: ______________________________________

E-mail: ____

Website: ____

Licensure

A copy of your current license or certification to practice, with expiration date, must accompany your completed application.

Field: ____________________________________ License #: ______________________________

State or Province of Licensure: __________________ Date of Expiration: _______________________

Country (if outside of the United States):___________________________

Professional Memberships

Proof of current membership, or eligibility for membership, in a professional organization relevant to your degree (ex: NASW, APA, AMA, AAMFT, ADA, etc.) must accompany your completed application.*

Professional Organization(s): ____
**If you are not a current member of a professional organization relevant to your degree, please include a statement with you application that you are eligible to join, but choose not to.*

Letters of Recommendation

One letter of endorsement from a professional colleague who can comment on the applicant's professional ethics, use of hypnosis, and character. This letter is intended to comment on overall clinical demeanor, not competence. (Not required for ASCH members).

Approved Consultant

Beginning on July 1, 2019, the requirements for the initial application for Approved Consultant include completing the 10-hour Teaching and Consultation Workshop (TCW) within the 100 hours already required.

Clinical Hypnosis Workshop Training

Certificates of completion for 20 hours of ASCH approved basic training, 20 hours of ASCH approved intermediate training, a copy of a learning contact for at least 20 hours of individualized consultation training taken with an ASCH Approved Consultant, and documentation of at least 40 additional hours of ASCH approved training must accompany your application. It must have been at least five years since the completion of your ASCH approved basic program.

ASCH Approved Basic Training

Sponsoring Organization: ____

Location: ____ Date: ____________________

ASCH Approved Intermediate Training

Sponsoring Organization: ____

Location: ____ Date: ____________________

ASCH Individualized Consultation Training

Approved Consultant(s): ____

# of one-on-one hours: _________ # of small group hours: _________ Date(s): ___________________________

ASCH Approved Training

Sponsoring Organization: ____

Location: ____ Date: ____________________

ASCH Approved Training

Sponsoring Organization: ____

Location: ____ Date: ____________________

ASCH Approved Training

Sponsoring Organization: ____

Location: ____ Date: ____________________

Other Documentation

<u>Applicants that are not members of ASCH must provide an official transcript from the program in which their highest degree was earned (not required for ASCH or SCEH members).</u>

If the applicant has not been a member of ASCH for 5 or more years, they must provide proof of either:

- Diplomate status in the American Board of Psychological Hypnosis, the American Board of Medical Hypnosis, the American Board of Hypnosis in Dentistry, or the American Hypnosis Board for Clinical Social Work;
- Fellowship status in the Society for Clinical and Experimental Hypnosis; or,
- Evidence of 5 years of equivalent membership (Component Section membership, etc.).

Please check the following boxes as appropriate and complete the signature line below (<u>this must be done in order for you application to be processed</u>):

❑ I agree to accept the ASCH Code of Conduct (which can be found on www.asch.net for review).

❑The foregoing information has been voluntarily supplied by the undersigned, with the understanding that it will be reviewed by the Certification Committee of ASCH and that, in the process of verification of the facts stated in the application, such facts may become known to third parties, and the undersigned expressly waives any claim to confidentiality of the material stated herein. I understand that false statements on this application shall be considered sufficient cause for rescinding certification through ASCH.

❑ I hereby agree that I am submitting this application voluntarily and that, if my application is not acted upon favorably, I will in no way seek to hold ASCH, or any of its officers, members, or agents responsible for action.

❑ By submitting this application I agree that I understand that the rules and statutes of the states vary in terms of the use of clinical hypnosis and that individuals accept responsibility for the care of their clients or patients consistent with the individuals' discipline and licensure and that they should seek out consultation and/or supervision when in doubt regarding their clinical practices or when questioned by others about their clinical practice and that I will only use hypnosis within the scope of my practice.

____ ____________________
Signature Date

Payment

❑ $150- ASCH Members ❑ $350- Non-Members

Credit Card

Check one: ❑ Visa ❑ Mastercard

Credit Card #:____

Expiration Date: ______________________ Security Code: ____________

Name on Card: ____

Cardholder’s Signature: ______________________________ Date:________

Check

Please make checks payable to:
“American Society of Clinical Hypnosis”

Check Number ___________