



CERTIFICATION

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.*

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Letters of Recommendation

Two letters of endorsement from professional colleagues who can comment on the applicant's professional ethics, use of hypnosis, and character. These letters are intended to comment on overall clinical demeanor, not competence. (Not required for applicants who have been members of ASCH for 5 or more years).

Clinical Hypnosis Workshop Training

Certificates of completion for 20 hours of ASCH approved basic training, 20 hours of ASCH approved intermediate training, and a copy of a learning contract for at least 20 hours of individualized consultation training taken with an ASCH Approved Consultant must accompany your application.

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): _____

Other Documentation

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).

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

- 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

\$300- 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 _____