

**APPLICATION FOR FELLOWSHIP**

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Years of fully paid consecutive membership at Member level (min. 3 years): \_\_\_\_\_

The appropriate parties will need the following items in the evaluation of the candidate. Please furnish a copy of the requested material:

- 1) Evidence of successful use of hypnosis in clinical practice or research.
- 2) Copies of papers relating to hypnosis published by you in recognized professional journals.
- 3) Documentation of your teaching of organized courses in hypnosis in recognized professional schools and/or professional societies.
- 4) Evidence of participation as an officer or committee member of ASCH, or other organizational contributions to ASCH such as contributions to the professional promotion of the clinical or educational utilization of hypnosis (publicity, publications, national or international recognition, organizing component societies, etc.)

List **three (3)** persons, other than persons who nominated you, who may be contacted for a confidential evaluation of your ethical and professional status.

#1 Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This application and the requested material are agreed to be dealt with as completely confidential in nature by the ASCH National Office, the appropriate reviewing parties, and the candidate. Return all requested material to Molly Alton Mullins via email at [mmullins@asch.net](mailto:mmullins@asch.net).

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_