



CERTIFICATION BY PRIOR EXPERIENCE APPLICATION

Individuals who have an established career record of ten (10) or more years of clinical practice or academic/research applications of hypnosis may apply for Certification by Prior Experience. Such individuals must provide a Curriculum Vitae narrating their professional experience and training, evidence of 40 hours of CE activities in hypnosis in the previous five years, and two letters by professional colleagues describing the applicant’s past training and practice in hypnosis.

CERTIFICATION IN CLINICAL HYPNOSIS

Certification in Clinical Hypnosis (CCH) provides recognition of SCEH clinicians and scientists who meet established educational and training requirements in clinical hypnosis. Additionally, CCH recognizes SCEH members who are committed to enhancing their knowledge and skills in clinical hypnosis. While some hypnosis associations offer “certification” programs to laypersons, SCEH ensures that the certified professional is a licensed health care professional.

CERTIFICATION IN ACADEMIC AND RESEARCH APPLICATIONS OF HYPNOSIS

Certification in Academic and Research Applications of Hypnosis (CARH) is designed for non-clinicians, who are engaged in teaching or research on hypnosis. CARH provides a standard of excellence and dedication for the practice of clinical hypnosis and for the use of hypnosis in research and academic teaching. Given the ongoing flux and uncertainty in the health care industry, it is anticipated that certification in specialized direct care interventions will become the standard expectation from many third-party payers.

Applying for:

Certification in Clinical Hypnosis Certification in Academic and Research Applications of Hypnosis

Personal Information

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Phone (other) _____ Fax _____

E-Mail _____ Website _____

Continuing Education

Documentation of 40 hours of CE activities in hypnosis completed within the past five (5) years. Certificates of completion must accompany your application.

1. 40 hours of CE activities completed within the past five (5) years.

<i>Description:</i>	<i>Date</i>

If Applying for Certification in Clinical Hypnosis:

Documentation of license for independent clinical practice in a health care profession recognized by SCEH. Eligibility for SCEH Certification in Clinical Hypnosis requires applicants document having received their eligible degree from a University or College accredited by its appropriate regional accrediting body; and documentation of being licensed or certified at the independent practice level in the state/province in which they practice.

Recognized health care professions include physicians, dentists, doctoral level psychologists, social workers who have been awarded a Master's or doctoral degree in social work by a university accredited by the Council on Social Work Education, doctoral level speech pathologists qualified for membership in the American Psychological Association, chiropractors and those with a Master's degree in nursing, psychology or marital/family therapy, doctoral level practitioners of Traditional Chinese Medicine who are accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), or other fields recommended by the Credentials and Membership Chair and approved by the Executive Committee.

Degree _____ Professional Affiliation _____

License # _____ State of Licensure _____ Country _____

Certification Fee

Certification application fee: \$150.00 SCEH Members \$300.00 Non-Members

Certification requires renewal every three (3) years. Individuals who have qualified for CCH or CARH by prior experience will follow the same renewal process and fees as other certificants.

Please check the following boxes as appropriate and complete the signature line below:

- I understand that false statements on this application shall be considered sufficient cause for rescinding certification through SCEH.
- 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 SCEH, 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 I accept responsibility for the care of my clients or patients consistent with my discipline and licensure and that I should seek out consultation and/or supervision when in doubt regarding my clinical practices or when questioned by others about my clinical practice and that I will only use hypnosis within the scope of my practice.

Signature _____ Date _____

Requirements Checklist

- Established career record of ten (10) or more years of clinical practice or academic/research applications of hypnosis
- Curriculum Vitae narrating professional experiencing and training
- Documentation (certificates of completion) of 40 hours of CE activities in hypnosis in the previous five (5) years
- Two letters by professional colleagues describing the applicants past training and practice in hypnosis
- Application Fee