

Use this form or apply online: <https://www.sceh.us/apply-for-membershipmembership>

Updated 10/18/2024

Contact Information

Date of Application: _____

First name: _____ M.I.: _____ Last Name: _____

Degrees Completed: _____ Job title: _____

Company: _____

Mailing & Billing Address

Please provide the contact information you would like us to use when contacting you with SCEH-related materials and publications. We also use this as your billing address.

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Zip/postal code: _____ Country: _____

Email: _____ Phone: (____) _____

Member Directory profile listing – I agree to have my information listed in the SCEH Membership Directory
(available to members only via log in to the members only portion of our website).

You must make a selection for your application to be complete. Thank you. **Yes** **No**

What is your PRIMARY reason for joining SCEH? (Select one.)

- Annual meeting discount
- Hypnosis training programs
- Research information/guidance
- Journal subscription
- Networking
- Support the field of hypnosis
- Advance visibility in the field Hypnosis certification program
- Other (specify): _____

What other reasons are important to you? (Select all that apply.)

- Annual meeting discount Hypnosis training programs
- Research information/guidance
- Journal subscription
- Networking
- Support the field of hypnosis
- Advance visibility in the field
- Hypnosis certification program
- Other (specify): _____

Professional Affiliations (Select all that apply.)

- American Society of Clinical Hypnosis European Society of Hypnosis
 American Psychological Association Division 30 Society of Behavioral Medicine
 International Society of Hypnosis Other: _____
 Local Hypnosis Society (please specify): _____

Are you a Diplomat of an American or European Board?

- Yes No

Honorary Societies (if applicable) - List here.

Academic Degree(s) COMPLETED

Degree: _____	Degree: _____	Degree: _____
Date received: _____	Date received: _____	Date received: _____
Institute: _____	Institute: _____	Institute: _____
Field: _____	Field: _____	Field: _____

Professional activity (Check all that apply)

- Clinical Practice Research Supervisor/Professor/Teaching Nursing Dentistry
 Mental Health Counselors or Associate Other (specify): _____

Areas of Research Work and Interest

If approved for membership, you will be able to log into your member profile to indicate areas of research work and interest.

Code of Ethics - required

(See <https://www.sceh.us/bylaws-code-of-ethics-policies> and check the box below to certify that you abide by the Code of Ethics; required for membership.)

I attest that I have read the SCEH Code of Ethics and I agree to abide by it. I understand that failure to abide by the code of ethics can result in suspension of or expulsion from Membership of SCEH.

Member Eligibility

Before submitting your application, be sure you have reviewed SCEH member eligibility requirements at: <https://www.sceh.us/apply-for-membership>

This page contains the latest updates to eligibility criteria – as outlined in the SCEH bylaws – including details about Membership Categories:

- FULL MEMBERSHIP
- STUDENT AFFILIATE MEMBERSHIP

SCEH Policies

All members should familiarize themselves with SCEH policies which are listed on our website at: <https://www.sceh.us/bylaws-code-of-ethics-policies>.

These include the following:

Policies

SCEH Policy on Diversity and Inclusivity

Required for Presenters at SCEH Events:

SCEH Policy on Disclosure of Conflict of Interest

Required for Attendees and Presenters at SCEH Events:

- SCEH Confidentiality Statement for Attendees and Presenters
- Liability Waiver and Guidance Form for Participants in Hypnosis Practice
- SCEH Recording Policy
- Consent to Use Photographic Images noted on the event registration form

Applicants for Full Membership

This section must be filled out if you are applying for Full Membership. Note required documentation.

Those applying for Full Membership need to provide either license documentation OR research affiliation. Thank you.

License information

Area of license: _____ License Number: _____ License Country/State: _____

I have attached a copy of my license.

OR

I have attached a letter attesting to my research affiliation.

Research Affiliation

Name of Institution: _____ Department: _____

Position: _____

Address of Institution: _____

Website of Institution: www. _____

Applicants for Student Affiliate Membership

This section must be filled out if you are applying for Student Affiliate Membership. Note required documentation. Copies of transcripts or other documents do not suffice.

Education/training start date: _____ End date: _____

Organization/ institution: _____

Name of supervisor/department chair: _____

I am attaching a letter from the department chair/academic mentor/faculty member verifying current student status.

Payment Information – Next Page

QUESTIONS? Email us at info@sceh.us

NOTE: Do not email this form if it contains credit card information.