

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: (____) _____
<input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No

What is your PRIMARY reason for joining SCEH? (Select one.)
<input type="checkbox"/> Annual meeting discount
<input type="checkbox"/> Hypnosis training programs
<input type="checkbox"/> Research information/guidance
<input type="checkbox"/> Journal subscription
<input type="checkbox"/> Networking
<input type="checkbox"/> Support the field of hypnosis
<input type="checkbox"/> Advance visibility in the field
<input type="checkbox"/> Hypnosis certification program
<input type="checkbox"/> Other (specify): _____
What other reasons are important to you? (Select all that apply.)
<input type="checkbox"/> Annual meeting discount
<input type="checkbox"/> Hypnosis training programs
<input type="checkbox"/> Research information/guidance
<input type="checkbox"/> Journal subscription
<input type="checkbox"/> Networking
<input type="checkbox"/> Support the field of hypnosis
<input type="checkbox"/> Advance visibility in the field

- Hypnosis certification program
- Other (specify): _____

Professional Affiliations (Select all that apply.)

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

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): _____

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.

Membership Categories

Membership status is awarded to individuals by the Credentials and Membership Committee based on the information provided in this application. Individual memberships are not transferable. Membership does not certify competence in hypnotherapy and cannot be used as an indication of competence in any representation to the public.

FULL MEMBERSHIP Full Member. Full membership will be available to physicians; dentists; doctoral level speech pathologists and pharmacists; doctoral level practitioners of Traditional Chinese Medicine (accredited by the Accreditation Commission for Acupuncture and Oriental Medicine); those with a masters or higher degree in psychology, marital/family therapy (or couples/family therapy), counseling, nursing, physicians assistants, social work (accredited by the Council on Social Work Education), health coaching, or physical and occupational therapy. Membership will also be available to those with a bachelors or higher degree and licensure as nurses, dental hygienists, paramedics, midwives, or mental health counsellors/associates.

All members: 1) shall be currently licensed or certified for practice in the state/province in which they practice, 2) or shall have a faculty or research position at a university or other research facility, or shall be conducting research on hypnosis which has the potential to make a bona fide contribution to the literature, or 3) shall be retired from their professional work in good standing. All members shall agree to the code of ethics of SCEH. Failure to abide by the code of ethics can result in suspension or expulsion from membership in SCEH, and other actions. The members shall have received their degree from a University or College accredited by its appropriate regional accrediting body. Membership status is awarded to individuals by the Credentials and Membership Committee based on the information provided in the application form. Full members shall have the right to vote, hold office, and chair a standing committee. If a person does not qualify for membership in SCEH but has made exceptional contributions to the field of hypnosis, s/he may be nominated by a fellow of the society for full membership. The Executive Council must then accept or reject the application by majority vote.

STUDENT AFFILIATE MEMBERSHIP will be made available to candidates (students, interns or residents) to those degrees noted above. A document verifying their student status shall accompany their application. Verifying documents can be letters from the chairs of their respective department or an academic mentor or faculty of their university, etc. They shall also agree to the code of ethics of SCEH. Student affiliate status shall be limited to the period during which the affiliate is officially an intern, a resident, or a student working toward the appropriate degree, as described above. A student affiliate shall receive all the privileges of membership with the exception of the right to vote or hold office.

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

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.

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

Payment

Membership Type Applying for: Full Student Affiliate

Check enclosed -- Make checks payable to Society for Clinical and Experimental Hypnosis and mail to (be sure to use complete address as noted below):

Society for Clinical and Experimental Hypnosis
305 Commandants Way – Commoncove Suite 100
Chelsea, MA 02150-4057 USA

Credit card payment

Indicate Credit Card Type: VISA MasterCard Discover

Name (exactly as it appears on the card): _____

Credit Card Number: _____

Expiration Date (month/year): ____/____ Security Code: _____

To process your credit card, we need the address, phone and email associated with your credit card. Note it here:

Address: _____

_____/_____/_____
City State Zip Country (if outside USA)

Email: _____ Phone: _____

Signature: _____ Date: _____

MEMBERSHIP APPROVAL PROCESS -- Your application will be reviewed by the SCEH Membership Committee upon receipt of a complete membership application and payment. On average, this process takes about two weeks.

We will notify you by email, so be sure to add the addresses below to your email address book or whitelist/safe senders list to ensure you receive communications from us.

- mam@memberclicks-mail.net
- anne@sceh.us
- info@sceh.us

QUESTIONS? Email us at info@sceh.us

NOTE: Do not email this form.

Apply online at: www.sceh.us/apply-for-membership Questions: Email info@sceh.us Application V.2022-5