

Updated January 2021

Date of Application: _____

Personal Information

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: (____) _____

Please check here if you DO NOT wish to be listed in the Membership Directory.

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.)

- | | |
|---|---|
| <input type="checkbox"/> American Society of Clinical Hypnosis | <input type="checkbox"/> European Society of Hypnosis |
| <input type="checkbox"/> American Psychological Association Division 30 | <input type="checkbox"/> Society of Behavioral Medicine |
| <input type="checkbox"/> International Society of Hypnosis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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): _____

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 <http://www.sceh.us/bylaws-of-the-society> 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 membership will be available to physicians; dentists; doctoral level speech pathologists; 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

