



American Council of Hypnotist Examiners
3435 Camino del Rio S., Ste. 316, San Diego, CA 92108, USA
Dr. John Butler, President – Gil Boyne, Founder
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APPLICATION FOR CERTIFICATION

Full name _____
Title _____ Gender _____ Date of Birth _____
Mailing address _____ City _____
State _____ Zip code _____ Country _____
Email address. _____
Tel/s: Home _____ Bus: _____

PRINT NAME HERE AS IT IS TO APPEAR ON YOUR CERTIFICATE

Grade of membership applied for - Check only one:

A. HYPNOTHERAPIST or HYPNOTIC COACH*

Open to applicants who have completed a total of two hundred (200) hours of instruction in hypnosis/hypnotherapy from a school approved by the appropriate state agency and by the American Council of Hypnotist Examiners and have passed the ACHE examination. OR

B. CLINICAL HYPNOTHERAPIST or MASTER HYPNOTIC COACH**

Open to applicants who have completed a total of three hundred (300) hours instruction in hypnosis/hypnotherapy from a school approved by the appropriate state agency and by the American Council of Hypnotist Examiners and have passed the ACHE examination.

**100 hours hypnotherapy plus 100 hours of life coach training; **200 hours hypnotherapy plus 100 hours of life coach training.*

• I have paid for student membership in A.C.H.E. within the past two years Yes No

Applicants who wish to be considered for certification fully or partly on the basis of equivalent learning or experience, should fill in the form, and attach additional information OR provide a copy of the certificate from the ACHE school that you attended.

Approved training courses in hypnosis/hypnotherapy completed

Name of School _____

Website/s _____

Name of instructor _____

Title of course completed _____

Beginning and completion dates of course _____

Title of course completed _____

Beginning and completion dates of course _____

If additional schools/courses, continue on separate sheet of paper

Total number of actual classroom hours _____

Total number of hours of interactive online instruction _____

Total number of supervised practice hours _____

Other relevant training/education/experience _____

If required, continue on a separate sheet of paper

For those not trained in an ACHE approved school

- I have been in practice for three consecutive years Yes No (attach proof, i.e. business licenses)

Sponsored by _____

(Instructor or other Certified Hypnotherapist please provide contact details)

Online directory

- Do you wish your details to be made available to the public by ACHE in an online Directory?
Yes No If yes, provide the following information:

Hypnotherapy specialties (limited to 3) _____

Business address: _____

Business email: _____ Business phone: _____

Hypnosis website: _____

- Have you ever been convicted on a felony or morals charge? Yes No
If yes, please provide details on a separate sheet, including dates, location and court references.

Declaration

- *I understand that this application for registration will be accepted only on the condition that I meet the requirements set by the ACHE.*
- *All the information given in the application is correct and true to the best of my knowledge. I understand that any false information given will be grounds for denial of this application.*
- *I agree to hold the ACHE free and harmless for denial of registration, should it occur, or for any future revocation of my registration, should the ACHE find that action appropriate as defined by the by-laws.*
- *I have read, signed and enclosed the ACHE Code of Ethics.*
- *I have provided/enclose herewith payment of the appropriate fee.*

Signature _____ **Date** _____

FEES: The initial fee for registration and certification for two years is \$175*. For members with an international address: \$195.* Includes a one-time \$25 application/examination fee (non-refundable) for two consecutive years. There is a \$25 fee to upgrade your Certification status. Mail application, Code of Ethics and check payable to A.C.H.E. to address on page 1.

**If you are certified any time before October 1 of that year you will be due to renew December 31st of the following year.*