



American Council of Hypnotist Examiners
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APPLICATION FOR CERTIFICATION

Name: First _____ Middle _____ Last _____
Title _____ Gender (optional) _____ 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*

*MA, PhD must be in a related field from a university or other higher education body that is accredited by the Dept of Education and/or the Council for Higher Education in the US, or corresponding state body if the member is outside the US. A copy of your diploma is required.

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

• Student membership in A.C.H.E. has been paid within the past two years Yes No

• 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.

• 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.

ACHE 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 _____

For those not trained in an ACHE approved school*

Name of school _____
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 _____

Continue on separate sheet of paper for additional schools/courses

• I have been in practice for three consecutive years Yes No (attach proof, i.e. business licenses) Those with less than three years must pass the ACHE exam to qualify.

*30% of any online program must be face-to-face with an instructor.

Certificate/s of completion from the school attended, indicating hours studied, are required.

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: http:// _____

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: ACHE is establishing a not-for-profit Legislative and Legal Defense Fund to fight legal battles that arise to maintain the free and open practice of hypnotherapy. A voluntary contribution of \$10 helps support these legal encounters.

• 2-year registration and certification: U.S. \$220.*

• International address: \$240.*

• From a non-ACHE approved school: U.S. \$270* ; \$50 non-refundable

• From a non-ACHE approved International address: \$290*; \$50 non-refundable

Includes a one-time \$25 non-refundable application/examination fee. Additional certificate: \$25.

Mail application, Code of Ethics, proof of attendance and check payable to ACHE to address on page 1.

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