



MEMBERSHIP APPLICATION

Membership Level

Please indicate the membership level for which you are applying (membership level details can be found at CSCH.org).

- Professional/Full Member
 Associate Member
 Student Affiliate

Personal Information

Name: _____
First Middle Last Credentials

Company: _____ Job Title: _____

Mailing Address: _____
Street

_____ City State Zip Country

Phone: _____ Fax: _____

email: _____ DOB: _____

Website(s): _____

If you would **not** like to be listed on our clinician database, please indicate so by initialing here: _____

Education

Your most advanced clinical degree (from an accredited university) and field in which it was granted:

_____ Degree Field

College or University: _____

City & State _____ Year of Graduation: _____

Licensure

A Copy of your current license or certification to practice, with expiration date must accompany your completed application.

Field _____ License #: _____ State: _____ Exp: _____

Referral

Were you referred by a current CSCH member? Yes No

If yes, please tell us who referred you. If no, how did you hear about CSCH? _____

Additional Material

- Certificates of completion for any hypnosis training you have taken (one 20 hour ASCH-approved course required for Full membership), or proof of ASCH membership.
- Include a short statement on your interest in hypnosis.

Please check the following boxes as appropriate and complete the signature line below (this must be done in order for you application to be processed):

- I agree to accept the CSCH Code of Conduct (which can be found on CSCH.org for review).
- The foregoing information has been voluntarily supplied by the undersigned, with the understanding that it will be reviewed by the Membership Committee of CSCH and that, in the process of verification of the facts stated in the application, such facts may become known to third parties, and the undersigned expressly waives any claim to confidentiality of the material stated herein. I understand that false statements on this application shall be considered sufficient cause for rescinding membership.
- I hereby agree that I am submitting this application voluntarily and that, if my application is not acted upon favorably, I will in no way seek to hold CSCH, or any of its officers, members, or agents responsible for action.
- By submitting this application I agree that I understand that the rules and statutes of the states vary in terms of the use of clinical hypnosis, and that clinicians accept responsibility for the care of their clients or patients consistent with their discipline and licensure, and that they should seek out consultation and/or supervision when in doubt regarding their clinical practices or when questioned by others about their clinical practice, and that they will only use hypnosis within the scope of their practice.

Signature

Date

Payment

Please include a check made out to **Colorado Society of Clinical Hypnosis**.

- Professional/Full Member or Associate Member.....\$100
- Student Affiliate..... \$50

Please send your completed application, proof of licensure, training certificate or proof of ASCH membership, statement of interest and check to:

Colorado Society of Clinical Hypnosis: Membership
c/o Henry Dooley
1780 S Bellaire St
Suite 407
Denver, CO 80222