National Guild of Hypnotists Inc

Application For Board Certification

First Name:_____Miiddle Initial:_____Last Name:_____

Business Address: _____

City:_____State:_____Zip:_____

Bus. Phone: _____Fax:_____Home Phone:_____

Date of Birth: _____Email:_____Web:_____

License Information

Does your state have a license or certification requirement regarding the use of hypnosis? Yes____ No____

If yes, list Current license you possess by State, Number/Date of Issue:_____

List all other hypnosis related Professional License(s) or certification(s) that you possess by state, number/date

1._____

2._____

3._____

Educational Background

High School _____City, State, & Zip_____Date graduated_____

Colleges/Univ.	Location	From	To	Major	Degree	Years / Credits

Board Certfication Requirements

Every applicant for Board Certification shall submit evidence, satisfactory to the Certification Board of the National Guild of Hypnotists, that he or she has met the following requirements.

1. Must be an active member of the NGH at the Certified Hypnotherapist level for one (1) year.
2. Must write and submit a minimum of 1000 word hypnosis paper suitable for publication in the Journal of Hypnotism or Hypno-Gram. (non-metaphysical).
3. Must be in active practice or using hypnosis as an adjunct to another profession for a minimum of (1) year.
4. Must be of good moral/ethical character, with no criminal record, and meet the educational standards of the National Guild of Hypnotists, Inc.
5. Must pass a written examination.
6. Must complete an oral interview given by the Certification Board of the NGH.
7. Must submit two (2) character letters of references (non-family).
8. Must meet and maintain “National Guild Standard Practice” as dictated by the NGH Code of Ethics.
9. Must submit the application fee for Board Certification.

Hypnosis Education and Practice

Hypnosis Training (formal, include dates of attendance and primary instructor). Submit document copies for confirmation:

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Hypnosis Practice (designate full or part-time) and/or experience:

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References (submit letters)

Name_____Phone #:_____

Address:_____

Brief description of your relationship to the submitted reference source: _____

_____

_____

Name_____Phone #:_____

Address:_____

Brief description of your relationship to the submitted reference source: _____

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