

Application for Membership

Mission statement: *To promote excellence and progress in hypnosis research, education, and clinical practice.*

If you wish to print and mail in your application and payment, please make checks payable to Society for Clinical and Experimental Hypnosis and mail to:

Society for Clinical and Experimental Hypnosis
305 Commandants Way - Commoncove Suite 100
Chelsea, MA 02150-4057

To apply and pay online, please visit: <http://bit.ly/SCEHMemberApplication>

SCEH Membership Benefits

- Ask questions, exchange ideas and collaborate with some of the best and most productive hypnosis researchers and clinicians in the field
- Receive discounted registration fees for the Annual Conference, providing SCEH Workshops and Scientific Session with CE/CME Credit Opportunities
- Receive the International Journal of Clinical and Experimental Hypnosis (IJCEH), the leading voice in hypnosis worldwide for researchers, scholars, and clinicians, our quarterly journal; also gain online journal access
- Quarterly newsletter, Focus, with news and updates about Society members and articles about how SCEH is working to advance the field of hypnosis
- Access to the SCEH Membership Directory
- Participate in the SCEH Mentor Program as a Mentor or Mentee

Personal Information

First Name _____ Middle Initial _____ Last Name _____

Degrees _____ Job Title _____

Company/Organization _____

Mailing/Billing Address & Phone Number

Please provide the email and mailing address information you would like used when we contact you with SCEH-related materials and publications. This will also be used as your billing address.

Address 1 _____

Address 2 _____

City _____ State _____ Postal Code _____

Country _____ Email _____

Office Phone _____ Home Phone _____

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 is available to physicians, dentists, doctoral level psychologists, social workers who have been awarded a Master's or doctoral degree in social work by a university accredited by the Council on Social Work Education, doctoral level speech pathologists qualified for membership in the American Psychological Association, chiropractors and those with a Master's degree in nursing, psychology or marital/family therapy, doctoral level practitioners of Traditional Chinese Medicine who are accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), or other fields recommended by the Credentials and Membership Chair and approved by the Executive Committee.

All full members shall have received their degree from a University or College accredited by its appropriate regional accrediting body; shall be licensed or certified at the independent practice level in the state/province in which they practice OR shall have a faculty or senior level research position at a university or other research facility, or shall be conducting research on hypnosis which has the potential to make a bone fide contribution to the literature; have an interest in hypnosis; and agree to the code of ethics of the SCEH. Full Members shall have the right to vote, hold office, and chair a standing committee.

Student Membership:

Student Membership is available to candidates for one of the degrees required for full membership. For example, student membership is available to students in pursuit of doctorates or who are serving an internship or residency, students in programs approved by the Council of Social Work Education leading to a master's degree in social work, or students in programs leading to a master's degree in nursing. Please attach a letter from the department chair or an executive officer of the institution shall accompany this application verifying current student status. Student Members shall have an interest in hypnosis and agree to the code of ethics of the SCEH. They shall receive all the privileges of Membership with the exception of the right to vote or hold office.

Member Type Applying for/Annual Dues: Full Membership - \$165 Student Membership - \$49

Code of Ethics

By submitting this application, I attest that I have read the SCEH code of ethics (<http://www.sceh.us/bylaws-of-the-society>) 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.

Yes

Education

Your most advanced degree and field in which it was granted:

Degree _____ Field _____

University (name/city/state/country) _____

Year Degree Granted _____

Professional Activity

Clinical practice Research Supervisor/Professor/Teaching Student

Applicants for Full Membership

This section must be filled out if you are signing up for Full Membership. Either license information OR research affiliation should be provided.

License Information

Field _____

_____ Date _____ State _____

Country of Licensure _____

Specialty Areas (Optional): Choose specialties for directory: <http://www.sceh.us/special-areas-of-research>

A copy of your current licensure or certification is required. Attach or upload an electronic copy.

OR

Research Affiliation

Name of Institution _____

Your Position _____

Address of Institution _____

Specialty Areas (Optional): Choose specialties for directory: <http://www.sceh.us/special-areas-of-research>

1.) _____ 2.) _____ 3.) _____

Applicants for Student Membership

This section must be filled out if you are seeking student membership. Please attach a letter verifying your student status as noted below.

Educational Institution - Currently Enrolled _____

Student Start Date _____ Student End Date _____
(Month/date/year) (Month/date/year - estimate)

Supervisor or Dept. Chair Name _____

REQUIRED: Attach a letter, verifying your student status, from the chair of department or an academic mentor or faculty member from your institution.

Professional Affiliations

Please select current memberships you hold in other groups.

Member of:

- American Psychological Association Division 30
- American Society for Clinical Hypnosis
- European Society Clinical Hypnosis
- International Society of Hypnosis
- Society for Behavioral Medicine Hypnosis
- Other (specify)_____

Are you a Diplomat of an American or European Board? Yes No If "Yes" please list board(s):_____

Honorary Societies(list here):. _____

Primary Reasons for Joining SCEH: Annual meeting discount Research information/guidance
 Journal subscriptions Networking Other - specify:_____

Payment Information

Note: Do not email or fax completed versions of this form containing credit card information.
 To apply and pay online, visit <http://bit.ly/SCEHMemberApplication>

Amount enclosed: \$_____ (Annual Dues: Full Member: \$165 Student Member \$49)

Check enclosed (payable to Society for Clinical and Experimental Hypnosis)

Pay by credit card

Credit card type: VISA MasterCard Discover

Card Number: _____

Expiration date (Month/Year): _____/_____

Security code: _____

Name (exactly as it appears on the card): _____

Address for Card: _____

City/State/Zip: _____

Country: _____

Email: _____

Phone: _____

Mail to: Society for Clinical and Experimental Hypnosis
 305 Commandants Way - Commoncove Suite 100
 Chelsea, MA 02150-4057

Questions? Contact us at info@sceh.us