Hello Prospective Clinical Applicant:

The Society is an international organization of psychologists, physicians, psychiatrists, dentists, social workers and master's level nurses and certain other professionals who are dedicated to the highest level of scientific inquiry and the conscientious application of hypnosis in two settings; clinical and experimental.

At this time, **applicants for full membership** must possess a doctoral degree in medicine, psychology, dentistry, chiropractic, or related field, or be a social worker who satisfies all requirements, or be a nurse who holds a MSN or equivalent (e.g. ARNP, nurse practitioners), or be a MA/MS level or higher practitioner of Traditional Chinese Medicine if they have ACAOM Certification.

**Clinical Setting Applicants** must have completed, or plan to complete, an acceptable 20 hour introductory course in hypnosis at or before the next Annual SCEH meeting. The introductory course can be one sponsored by SCEH, the American Society of Clinical Hypnosis or one of its component societies, the International Society of Hypnosis or a related organization or university. Applicants need not submit copies of research articles.

If there is any further information I can provide to you or if you have any questions, please do not hesitate to contact me at the above address. Thank you for your interest.

Sincerely,

Michele Hart
Executive Director
List of Specialties

Choose up to three of the following specialties to be listed in the directory

A  Allergy
ADD Addictions
ADL Adolescent Medicine
AM Aerospace Medicine
ANES Anesthesia
ANX Anxiety
APM Pain Management, (Anesthesiology)
BM Behavioral Medicine
C  Cardiovascular Disease
CA Child Abuse
CBT Cognitive Behavioral
CC Clinical Child Psychology
CD Chemical Dependency
CHI Chiropractic
CHP Child Psychology
CLP Clinical Psychology
COL Counseling Psychology
D  Dermatology
DD Dissociative Disorders
EM Emergency Medicine
EN Endodontia
FO Forensic
FMP Family, Marriage, Psychology
FP Family Practice
FT Family Therapist
G  Gynecology
GD General Dentistry
GA Gastroenterology
GE Geriatrics
GP General Practice (in their own profession)
GPM General Preventive Medicine
HYP Hypnotherapy (Practice Specialized in Hypnotherapy)
IM Internal Medicine
IND Industrial Medicine
LCSW Licensed Clinical Social Work
MFT Marriage and Family Therapist
N  Neurology
NS Neurological Surgery
OB Obstetrics
OBG Obstetrics, Gynecology
OM Occupational Medicine
ON Oncology
OPH Ophthalmology
ORS Orthopedic Surgery
ORD Orthodontia
OS Oral Surgery
OSM Sports Medicine, (Orthopedic Surgery)
OT Otology
OTO Otolaryngology
P  Psychiatry
PD Pediatrics
PDT Podiatry
PEM Pediatric Emergency Medicine
PER Periodontia
PH Public Health
PNM Pain Management
PN Psychiatry, Neurology
POD Pedodontia
PR Proctology
PSY Psychotherapy
PT Psychology Therapy
PTH Post Trauma Healing
PTSD Post Traumatic Stress Syndrome
PUL Pulmonary Disease
R  Roentgenology, Radiology
REH Rehabilitation
S  Surgery
SA Sexual Abuse
SM Stress Management
SP Sport Psychology
ST Sexual Trauma
TCM Traditional Chinese Medicine
TS Thoracic Surgery
U  Urology
I am applying for Clinical Membership - $139.00

REQUIREMENTS FOR MEMBERSHIP:
(a) Doctoral degree in Psychology, Medicine, Dentistry, Nursing, Osteopathy, Social Work or Masters degree in Marriage and Family Therapy, Nursing, Psychology, Social Work and fields recommended by the Credentials and Membership Chair and approved by the Executive Committee. Degrees must be earned and granted by an accredited college, university or professional school. Applicants for Clinical Membership must also be licensed for independent practice by the state or province in which they work.
(b) Eligible for professional Membership in American Dental Association, American Medical Association, American Nursing Association, American Osteopathic Association, American Psychological Association, American Psychological Society, National Association of Social Workers, National Federation of Societies for Clinical Social Work, or their affiliates.
(c) Evidence of training or competence in hypnosis practice, research and/or teaching. Clinical Applicants will document completion of, or plans to complete, one acceptable introductory course (20 hours) in hypnosis offered by an accredited college or university; or member of SCEH, ASCH, ISH or one of the component groups.
Recommendations from two professionals who are familiar with the applicants’ clinical and/or academic work. Please use the attached recommendation form.

Identification and contact
Name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle Initial</th>
<th>Last</th>
<th>Degree</th>
</tr>
</thead>
</table>

Professional Affiliation ________________________________________________________

Mailing Address ________________________________________________________________

City ___________________________ State ___________ Zip ___________ Country __________

Day Telephone ____________________ Fax ____________________ E-mail __________________

Do you want your email available for referral and in future SCEH directories? ☐ Yes ☐ No

Education
Most advanced degree ___________________________ Field in which degree was granted ___________________________

University (name, city and state) _____________________________________________________ Year granted __________________

Present position (specify title or rank, institution and dates or attach C.V) _________________________________

Field of licensure or certification ___________________________ Date of licensure or certification ___________________________ # ___________

State ___________________________ Please enclose a copy of a current licensure or certification
OPTIONAL Specialty, if any, using the specialization codes with this applications (1) (2) (3)  
Specialization Certified by ____________________________ Date ____________________________

Professional Memberships ____________________________________________________________  
Honorary Societies _________________________________________________________________  
Are you a Diplomat of an American or European Board? Yes No  
If you checked “Yes,” please list which board ____________________________________________  
Social Workers, indicate number of hours post-Master supervised clinical experience ________

Evidence of training or competence in hypnosis You may list workshops you are enrolling in at the next annual SCEH conference) or titles of attached, peer reviewed publication(s) in hypnosis. (Attach additional page if necessary).
Institution/Organization Dates Total Hours Instructors Nature of Training  
__________________________________________________________________________________  
__________________________________________________________________________________  
Title(s) of attached publications in hypnosis ____________________________________________  
________________________________________________________  
Number of years practicing or researching hypnotic techniques ____________

Name, title and affiliation of two (2) sponsors. Please request that your sponsors send recommendation forms directly to the SCEH Central Office.
Sponsor #1: ________________________________________________________________  
Sponsor #2: ________________________________________________________________  
Signature of Applicant __________________________________________ Date ____________________________

Your application will be processed when all required documents are received:  
□ Completed Application Form □ 2 Sponsoring Letters □ Curriculum Vitae □ $139.00 - Payment (type – include relevant information: VISA/MC/Discover/American Express #, date of expiration, name on card, check) □ Copy of a current licensure or certification  

Society for Clinical & Experimental Hypnosis  
PO Box 252 Southborough, MA 01772  
(508) 598-5553 Fax: (866) 397-1839  
Email: info@sceh.us  
www.sceh.us
Thank you for agreeing to sponsor this applicant. The Society for Clinical and Experimental Hypnosis (SCEH) is an international organization of Dentists, Marriage and Family Therapists, Nurses, Physicians, Psychologists and Social Workers that was founded in 1949. Its members have an academic, research and clinical interest in hypnosis and work collaboratively to expand what is known about the nature of hypnosis and the appropriate applications of this technique in health care. The Membership Committee of the Society for Clinical and Experimental Hypnosis will rely heavily on your professional opinion of this candidate in making a decision about membership. If you wish more information about SCEH you might consult our web page listed above.

Referee’s Name: ___________________________________________ Referee’s Position: ___________________________________________

Referee’s Professional Membership(s) (list organizations): ___________________________________________

How long have you known the applicant? ___________________________________________

What is your relationship to the applicant? ___________________________________________

In what capacity (e.g., supervisor, colleague) are you familiar with the applicant’s professional work? ___________________________________________

Please rate the applicant on the following criteria:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Academic knowledge of specialty area</td>
<td>X</td>
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<tr>
<td>Judgment</td>
<td>X</td>
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<tr>
<td>Rapport with colleagues</td>
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<tr>
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<td>X</td>
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<tr>
<td>Ability to communicate with others</td>
<td>X</td>
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<tr>
<td>Academic contributions</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

Are you aware of any legal, ethical, medical or personal violations, experiences or attributes involving this applicant that might present a potential danger to patients, research subjects, colleagues or might limit his/her professional work?  

X Yes  
X No  
If yes, please explain:
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
I recommend this applicant: (please circle one)  
Highly  
Moderately  
With Reservation  
Not at all  
Comments (if any):
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
Signature ___________________________________________________________________________  Date ___________________________________________________________________________
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Rapport with patients/research subjects           X      X      X     X
Ability to communicate with others           X      X      X     X
Academic contributions             X      X      X      X

Are you aware of any legal, ethical, medical or personal violations, experiences or attributes involving this applicant that might present a potential danger to patients, research subjects, colleagues or might limit his/her professional work?    X   Yes    X   No    If yes, please explain:
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

I recommend this applicant: (please circle one)   Highly      Moderately     With Reservation   Not at all

Comments (if any):
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

_____________________________________________________  __________________________________
Signature         Date

Thank you for your help with this application. Please return this form to:

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