

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

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

Society for Clinical & Experimental Hypnosis

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List of Specialties

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

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

The Society for Clinical & Experimental Hypnosis
APPLICATION FOR CLINICAL MEMBERSHIP

Please type, or print legibly. Attach additional pages if necessary

MAIL OR FAX COMPLETED APPLICATION
 WITH PAYMENT TO:

SCEH

PO Box 252 Southborough, MA 01772

(508) 598-5553 Fax: (866) 397-1839

Email: info@sceh.us **www.sceh.us**

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

First

Middle Initial

Last

Degree

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
- Copy of a current licensure or certification

- \$139.00 - Payment (type - include relevant information: VISA/MC/Discover/American Express #, date of expiration, name on card, check)

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Professional Reference for Clinical Membership

Date: _____ **Applicant's Name:** _____

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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:	Excellent	Good	Poor	N/A
Academic knowledge of specialty area	X	X	X	X
Academic knowledge of Hypnosis	X	X	X	X
Clinical Skill of specialty area	X	X	X	X
Clinical Skill with Hypnosis	X	X	X	X
Judgment	X	X	X	X
Rapport with colleagues	X	X	X	X

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? Yes 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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Academic knowledge of Hypnosis	X	X	X	X
Clinical Skill of specialty area	X	X	X	X
Clinical Skill with Hypnosis	X	X	X	X
Judgment	X	X	X	X
Rapport with colleagues	X	X	X	X

Rapport with patients/research subjects	X	X	X	X
Ability to communicate with others	X	X	X	X
Academic contributions	X	X	X	X

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