

***Society for Clinical & Experimental Hypnosis***

PO Box 252 Southborough, MA 01772

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

email: [info@sceh.us](mailto:info@sceh.us)

[www.sceh.us](http://www.sceh.us)

Hello Prospective Student Member:

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

**Student Affiliate Membership** is available to students who are currently in pursuit of their doctoral degree in psychology, ***or*** those serving internship or residency as physicians or dentists, ***or*** students in approved MSW ***or*** masters in nursing programs. All student affiliate applicants must submit an endorsement letter from their respective department faculty.

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

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### ***List of Specialties***

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

|      |   |      |                                       |
|------|---|------|---------------------------------------|
| A    | Allergy   | OB   | Obstetrics                            |
| ADD  | Addictions  | OBG  | Obstetrics, Gynecology                |
| ADL  | Adolescent Medicine                                 | OM   | Occupational Medicine                 |
| AM   | Aerospace Medicine                                  | ON   | Oncology                              |
| ANES | Anesthesia  | OPH  | Ophthalmology                         |
| ANX  | Anxiety   | ORS  | Orthopedic Surgery                    |
| APM  | Pain Management, (Anesthesiology)                   | ORD  | Orthodontia                           |
| BM   | Behavioral Medicine                                 | OS   | Oral Surgery                          |
| C    | Cardiovascular Disease                              | OSM  | Sports Medicine, (Orthopedic Surgery) |
| CA   | Child Abuse   | OT   | Otology                               |
| CBT  | Cognitive Behavioral                                | OTO  | Otolaryngology                        |
| CC   | Clinical Child Psychology                           | P    | Psychiatry                            |
| CD   | Chemical Dependency                                 | 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                               |
| NS   | Neurological Surgery                                |      |                                       |

**The Society for Clinical & Experimental Hypnosis**  
**APPLICATION FOR STUDENT AFFILIATE 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  
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I am applying for  Student Affiliate Membership (\$45.00)

**REQUIREMENTS FOR MEMBERSHIP:**

- Evidence of training or competence in hypnosis practice, research and/or teaching.  
**Student applicants** for Affiliate Membership must complete a 20 hour introductory course or document equivalent training
- Recommendations from two professionals who are familiar with the students' clinical, experimental 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 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 \_\_\_\_\_

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: \_\_\_\_\_

**Student Affiliates: Name and title of your department faculty endorser/advisor.** \_\_\_\_\_

**APPLICANTS FOR STUDENT AFFILIATE MEMBERSHIP must include an endorsement letter from their department.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Your application will be processed when all required documents are received:*

- Completed Application Form
- 2 (two) Sponsoring Letters
- Curriculum Vitae
- \$45.00 - Payment (type - include relevant information: VISA/MC/Discover/American Express #, date of expiration, name on card, check)
- Endorsement Letter from your Department

\_\_\_\_\_  
\_\_\_\_\_

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### **Professional Reference for Student Affiliate Membership**

**Date:** \_\_\_\_\_ **Applicant's Name:** \_\_\_\_\_

Thank you for agreeing to sponsor this student applicant. The Society for Clinical and Experimental Hypnosis (SCEH) is an international organization of Psychologists, Physicians, Dentists, Social Workers, Nurses and Marriage and Family Therapists 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 student 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: | 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:

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I recommend this student applicant: (please circle one)

Highly

Moderately

With Reservation

Not at all

Comments (if any):

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---

Signature

Date

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| 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:

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