

I am a member of the following Professional Medical Organizations

I am a Diplomate of Licentiate of the American Boards with dates if (re-)certification

I am/am not a Full Member __ Fellow __ of the Society for Clinical and Experimental Hypnosis

I am/am not a Full Member __ Fellow __ of the American Society of Clinical Hypnosis

I am/am not an Approved Consultant of the American Society of Clinical Hypnosis.

Other membership in professional hypnosis societies:

I have used hypnosis in my practice for _____ years.

I use hypnosis in my practice primarily for: _____

I practice in a country other than the USA: _____

I am a member of the American Medical Association: No _____ Yes _____
AMA membership No _____

If approved as eligible. I would like to take the examinations

at _____ on _____

I have attached my hypnosis CV.

I have read the information from the ABMH website in its entirety and will abide by the rules and regulations set within.

Date Signature

*NOTE: According to Amendment No.6 - Statement of Policy