

*In Service of Humanity*



*Fellowship  
Level 3*

*Certified Medical Support – Clinical Hypnotherapist (CMS-CHT)*

*400 Hours – 8 weeks*



# *International Board of Hypnotherapy*

## *Level 3 Benefits & Requirements for CMS-CHT*

### **LEVEL 3, Certified Medical Support Clinical Hypnotherapist (CMS-CHT) Fellow, International Board of Hypnotherapy**

<b>Benefits &amp; Ongoing Support</b>	<b>Requirements</b>
<ul style="list-style-type: none"> <li>• Affiliation with the IBH, the board with highest standards</li> <li>• “In Service of Humanity” IBH Certificate</li> <li>• Listing on IBH website with your contact information</li> <li>• Use of IBH logo</li> <li>• Free teleconferences with CEUs.</li> <li>• Continuing education opportunities at discounted rate (i.e., symposiums, special topic seminars and clinics)</li> <li>• Physician consultation for your local mental health and general health providers (i.e., Dr. Sapien, will discuss with your local providers the utility of hypnotherapy and your presence as a local resource)</li> <li>• Receive the IBH PowerPoint presentation for local use to promote your practice (can be shown as a slide show with prepared handouts)</li> <li>• On-site training conducted by Tim Simmerman Sierra and Robert Sapien, for your local health community to promote your practice (budget to be discussed)</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum training: <b>400 hours</b> from a state licensed hypnotherapy school that meets the academic requirements of the IBH (100 hours exclusively in Medical Support Hypnotherapy – including anatomy, physiology, hypnotherapy methods for accelerated healing, pain control, surgical preparation, post-procedural recovery and childbirth)</li> <li>• Photocopy of your diploma including hypnotherapy training hours</li> <li>• Pass both Hypnotherapist and Medical Support Hypnotherapist written examinations with a score of 80% or higher</li> <li>• Written script of either accelerated healing or pain control</li> <li>• Provide proof of professional liability insurance annually</li> <li>• Provide a copy of your state issued driver’s license or passport</li> <li>• Minimum of 30 hours continuing education every 2 years for recertification (10 of which must be health related)</li> <li>• Adhere to IBH Regulations</li> <li>• \$285 certification fee every two years</li> </ul>



# *International Board of Hypnotherapy*

*Certified Medical Support Clinical Hypnotherapist  
Level 3 Application*

**You are applying for:**

**Level 3 - Certified Medical Support Clinical Hypnotherapist, IBH Fellowship  
400 or more hours of Clinical Hypnotherapy training (including 100 hours specialized  
training in Accelerated Healing & Pain Control.**

**Two years of membership: \$300.00**

**Please Print Clearly**

Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Web address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Your contact information will be posted on the IBH website after we have received your application including all the requirements.

**After your initial posting there is a \$25.00 Webmaster fee for changes to the website.**

## **Reserved for the Board**

Passed written examination with 80% or greater YES\_\_\_ NO \_\_\_ \_\_\_\_\_  
Instructor

Passed Practical examination with 80% or greater YES\_\_\_ NO\_\_\_ \_\_\_\_\_  
Instructor



# *International Board of Hypnotherapy*

## *Morals Agreement*

Have you, ever been convicted of a felony or morals charge? Yes:\_\_\_\_ No:\_\_\_\_

If yes, please explain, including dates, location, etc.: \_\_\_\_\_

Have you ever had a membership or license revoked by a professional health and /or human services board? Yes:\_\_\_\_ No:\_\_\_\_ If yes, please describe on a separate sheet of paper.

I, have read and agree to abide by the International Board of Hypnotherapy Regulations, which includes the Code of Ethics. I understand that members are required to comply with any state or local regulations or statutes pertaining to the practice of hypnosis and/or hypnotherapy.

I understand that this application for registration will be accepted only on the condition that I meet the qualifications set by the International Board of Hypnotherapy (IBH), and that the application fee is not refundable.

All the information given in this application is correct and true to the best of my knowledge. I understand that any false information given will be grounds for denial of this application.

I agree to hold the IBH free and harmless for denial of registration, should it occur, or for any future suspension or revocation of my certification. By signing this document, I understand that my IBH certificate is the property of the IBH.

My signature indicates that I agree to the IBH terms.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# *International Board of Hypnotherapy*

## *Hypnotherapy Education*

Name of hypnotherapy school you attended:

\_\_\_\_\_

Name of hypnotherapy instructor(s)\_\_\_\_\_

Number of hours of training:\_\_\_\_\_

Beginning and ending date of your attendance:\_\_\_\_\_

Please list any other Hypnotherapy Training(s) and name of Institution(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Related Academic & Vocational Education**

**Please list topics/modalities/specialties and name of Institution(s) and dates attended**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Other Education**

Name of Institution(s):\_\_\_\_\_

Dates attended:\_\_\_\_\_

Degree(s) awarded:\_\_\_\_\_