In Service of Humanity



Certified Hypnotherapist

Level 2 Certified Hypnotherapist (CHT)



Level 2 Benefits & Requirements for CHT

Support is key to your professional success.

LEVEL 2 Certified Hypnotherapist (CHT)

Benefits & Ongoing Support	Requirements
Affiliation with IBH, the board that holds the highest standards.	 Minimum training: 300 hours from a state licensed hypnotherapy school that n eets the academic requirement of the IBH
 Post-graduation support from hypnotherapy instructors and IBH Directors "In Service of Humanity" IBH Certificate 	 Photocopy of your diploma including hypnotherapy training hours
Use of IBH logo	 Minimum of 30 hours continuing education every 2 years for recertification
 Free teleconference with CEUs Discounted Rate for Continuing Education opportunities, (Annual symposium, special topic seminars, clinics, etc. 	 Proof of professional liability insurance annually Photo copy of your state issued driver's license or passport
	 Score of 80% or higher on hypnotherapist written examination
	 Adherenc to IRH Pegulations



Certified Hypnotherapist - Level 2 Application for Membership Renewal

Legal Name	Date
Address	Suite #
City	State/Province
Zip Code	Country
Email	Web address
Telephone ()	Fax ()
To complete your application, fill out these forms and fax to 505-344-1861 or email to: certification@hypnotherapyacademy.com	Level 2 Recertification fee: \$250.00
Use credit card or make your check payable to IBH and mail it to:	
IBH 2132 Osuna Rd. NE Suite B Albuquerque, NM 87113	Credit card number:
Fee: Check one option	Expires Security Code
check enclosed	If billing address for credit card is different from above
Credit card information	please provide:
Include: Proof of liability insurance	
Proof of continuing education	
Sign recertification application agreement	



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 heal board?: Yes No: If yes, please describe below.	th and /or human services	
I, have read and agree to abide by the International Board of Hypnotherapy Code of Ethics.	Regulations, which includes the	
I understand that this application for registration will be accepted only on t qualifications set by the International Board of Hypnotherapy (IBH), and the refundable.		
All the information given in this application is correct and true to the best of that any false information given will be grounds for denial of approval of the	•	
I agree to hold the IBH free and harmless for denial of registration, should is suspension or revocation of my certification. By signing this document, I un is the property of the IBH.	•	
My signature indicates that I agree to the IBH terms.		
Legal Name		
Signature	 Date	



Hypnotherapy Education

Name of hypnotherapy school you attended:
Name of hypnotherapy instructor(s):
Number of classroom hours of training:
Beginning and ending date of your attendance:
Please list any other Hypnotherapy Training(s) and name of Institution(s):
Deleted Academic 9 Vecational Education
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: