

In Service of Humanity



Fellowship

Level 3

Certified Medical Support – Clinical Hypnotherapist (CMS-CHT)

400 Hours – 8 weeks

www.InternationalBoardofHypnotherapy.com

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Phone 505-767-8030 Fax 505-344-1861



International Board of Hypnotherapy

Level 3 Benefits & Requirements for CMS-CHT

Support is key to your professional success.

LEVEL 3, Certified Medical Support Clinical Hypnotherapist (CMS-CHT)

Fellow, International Board of Hypnotherapy

Benefits & Ongoing Support	Requirements
<ul style="list-style-type: none"> • Affiliation with the IBH, the board with the highest standards • Post-graduation support from hypnotherapy instructors and IBH Directors • “In Service of Humanity” IBH Certificate • Listing on IBH website with your contact information • Use of IBH logo • Free teleconferences with CEUs. • Continuing education opportunities at discounted rate (i.e., symposiums, special topic seminars and clinics) • 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) • Receive the IBH PowerPoint presentation for local use to promote your practice (can be shown as a slide show with prepared handouts) • On-site training conducted by Tim Simmerman Sierra and Robert Sapien, for your local health community to promote your practice (budget to be discussed) 	<ul style="list-style-type: none"> • Minimum training: 400 hours 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) • Photocopy of your diploma including hypnotherapy training hours • Score of 80% or higher on both Hypnotherapist and Medical Support Hypnotherapist written examinations • Written script of either accelerated healing or pain control • Proof of professional liability insurance annually • Copy of your state issued driver’s license or passport • Minimum of 30 hours continuing education every 2 years for recertification • Adherence to IBH Regulations • \$300 membership dues



International Board of Hypnotherapy
Certified Medical Support Clinical
Hypnotherapist Level 3 Application

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 3 Recertification fee \$300.00.

Use credit card or make your check payable to IBH
and mail it to:
IBH
2132 Osuna Rd. NE Suite B
Albuquerque, NM 87112

Fee: Check one option

check enclosed

Credit card information

Include:

Proof of liability insurance

Proof of continuing education

Sign recertification application agreement

Credit card number:

Expires _____ Security Code _____

If billing address for credit card is different from above
please provide:



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: _____