San Diego Society of Clinical Hypnosis

WEBSITE REFERRAL AND LISTING INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____-_____Ext: _____
Email: _____
(please print carefully)
Site: www._____. _____

Office Information:
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____-_____Ext: _____

Ages served:
[ ] preschool
[ ] children
[ ] teenagers
[ ] adults
[ ] geriatric

Therapy with:
[ ] individual
[ ] couples
[ ] families
[ ] groups
[ ] business settings

Specialties:

[ ] addiction	[ ] irritable bowel syndrome	[ ] stress
[ ] anxiety	[ ] mood disorders	[ ] surgery
[ ] asthma	[ ] pain	[ ] stuttering
[ ] coping with infertility	[ ] past life therapy	[ ] TMJ
[ ] dental	[ ] phobias	[ ] trauma/PTSD
[ ] depression	[ ] preparing for childbirth	[ ] tricholtillomanin
[ ] headaches	[ ] performance anxiety	[ ] tourrettes disorder
[ ] insomnia	[ ] smoking cessation	[ ] weight loss

What other categories would you like to see listed:
[ ] _____ [ ] _____ [ ] _____
License # and Licensing Board: _____
Malpractice insurance $_____/ $_____ (this info will not be posted)
List memberships & status you would like included: (e.g., ASCH, Approved Consultant):
_____
_____
Languages Spoken: _____
Insurance Accepted: _____

I attest that the above information is true and accurate.

_____ _____
Signed Date

APPLICATION FOR MEMBERSHIP

(Please type or print legibly. See membership requirements.)

Name in Full_____ Degree_____

Office Address_____Telephone_____

City, State, Zip_____

E-mail Address_____

Home Address_____ Telephone_____

City, State, Zip_____

Education:

Undergraduate/University_____Degree_____ Date____

Graduate/University_____ Degree_____ Date____

Postgraduate_____ Degree_____ Date____

Major Field of Study_____

Student (full-time) (where)_____

Degree to be earned_____Expected Date of Completion_____

Letter from department head certifying current enrollment must accompany completed application.

Check appropriately: __Full-Time Practice ___Part-Time Practice ___Resident/Intern

Teaching Positions (where)_____

_____

Type of License_____License/Registration No. _____

List membership in professional organization: _____YES_____NO_____

ASCH:_____

_____

OTHER_____

_____

Specialty Board Certification_____

Verify your training in hypnosis within the last three years. Please indicate what courses you have taken in hypnosis, where they were held, including dates and number of hours. *Please furnish proof of attendance*.

_____

_____

_____

List use of and expertise in hypnosis:_____

_____

_____

_____

What would you like to get from being a member of SDSCH virtual society? _____

_____

With which of the following might you be willing to assist?

___Membership acquisition and retention

___Organizing workshops and continuing education

___Public relations

___Website maintenance

Please note topics relative to hypnosis in which are you interested in learning more: ____

_____

_____

San Diego Society of Clinical Hypnosis

Please list any colleagues or friends who you would like us to contact about membership interest in SDSCH or SDSCH listing:

Name: _____Phone_____E-mail._____

Name: _____Phone_____E-mail._____

Name: _____Phone_____E-mail._____

Attach copy of your license, your CV, and enclose a check of annual listing fee payable to SDSCH. Mail with completed application to

Suzanne Marcus:
3252 Holiday Ct, # 225,
La Jolla, CA 92037

Email ContactSDSCH@sdsch.com
858 622 9006

You will be notified by email re your website listing status. If application is not accepted, money will be refunded.

1. Register Listing as: ___ Introductory New Member Rate $60

   ____ Regular Rate Full Member $90

I hereby apply for website membership listing in the San Diego Society of Clinical Hypnosis, and, if accepted, I agree to abide by Bylaws of the Society and the ASCH Code of Ethics and to practice in accordance with established ethical usages of my profession.

Signature of Applicant
_____Date_____

DO NOT WRITE BELOW THIS LINE—FOR BOARD USE ONLY

Recommendation of Committee: __Full __Associate __Affiliate __Student __N/A
Date_____Signature_____
SDSCH App. Form 2010 (Rev 11/23/11)