



INTERNATIONAL MEDICAL AND DENTAL HYPNOTHERAPY ASSOCIATION®

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Certified Membership Application

PLEASE PRINT / TYPE CLEARLY!

WE ARE NOT RESPONSIBLE FOR ERRORS ON CERTIFICATES IF NOT LEGIBLE

Name (as should appear on certificate) : _____

Last Name (Fam/Sur) : _____ First Name (Given) : _____ Middle : _____

Address : _____ City : _____

State/Province: _____ Postal Code : _____ Country : _____

Home Phone : _____ Bus Phone : _____ Website : _____

Email : _____ Postnominal : CH CHt

College Degree : _____ Medical Degree : _____

Date of Birth (month / date / year) : ____/____/____ Have you ever been convicted of a felony? No Yes
(If YES, provide details on back)

Hypnosis Graduate of : _____

Username (not email) : _____ Password : _____

(Username and password must include at least 6 characters each. Retain for your records: they are encrypted for security purposes and are **NOT** retrievable)

IMDHA Approved School (\$173 USD) **Other*** (\$273 USD)

You may be eligible for certification if you have completed training through a non-approved Instructor. There is a one-time **non-refundable \$50 administrative fee to research and review your educational qualifications, and a \$50 administrative fee to process your Certification Assessment. If your application is denied for any reason, the \$50 Certification Assessment fee **is** refundable.*

Upgrade your Standard 'Find a Practitioner' website directory listing to **FEATURED** for only \$25/yr (USD)

DOCUMENTATION TO VALIDATE EDUCATIONAL TRAINING & LEGAL PHOTO ID **REQUIRED**

Association eligibility for Certification requires you to email, fax, or post mail a copy of a government issued legal photo ID, and documentation to validate a minimum of 220 hours of hypnosis training (150 hrs classroom/online interactive instruction). Upon validation of your training, all applicants are required to complete an online Certification Assessment.

Payment Information

Enter payment details below **OR** securely pay online here →



Check /MO # : _____ Credit Card Number : _____ Exp : ____/____ CVV# : _____
(Check must be drawn from US bank) (Visa, MasterCard, Discover, American Express accepted)

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted, IMDHA may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. I hereby release and agree to hold harmless from liability the International Medical and Dental Hypnotherapy Association® Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

Signature : _____ Date : _____