



International Medical & Dental HYPNOTHERAPY ASSOCIATION®

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SPECIALTY CERTIFICATION FORM

***PLEASE PRINT CLEARLY!** We are not responsible for misspellings on certificate/card if NOT legible.

PERSONAL INFORMATION

I am a current **ACTIVE** member of the **IMDHA** and agree to pay the \$50 USD specialty certification fee.

First Name :	<input type="text"/>	Last Name :	<input type="text"/>
Mailing Street :	<input type="text"/>		
City :	<input type="text"/>	State/Prov. :	<input type="text"/>
Country :	<input type="text"/>	Postcode :	<input type="text"/>
E-Mail :	<input type="text"/>	Website :	<input type="text"/>
Home Phone # :	<input type="text"/>	Bus. Phone # :	<input type="text"/>

TRAINING INFORMATION

I hereby certify that the above named applicant has met all of the presented requirements for this Specialty Certification, completing _____ hours of training, and recommend that he/she be granted this certification through the International Medical and Dental Hypnotherapy Association®.

Certification Name :	<input type="text"/>			
Examiner Name :	<input type="text"/>	Registration # :	<input type="text"/>	
E-Mail :	<input type="text"/>	Phone # :	<input type="text"/>	
Examiner Signature :	_____		Exam Date :	_____
	electronic signature (typed name) accepted			

DELIVERY OPTIONS

Please select **one** preferred method of delivery from the following available options:

- | | |
|---|--|
| <input type="checkbox"/> FREE United States Postal Service (USPS) | <input type="checkbox"/> I will send a PREPAID, SELF-ADDRESSED label. |
| <input type="checkbox"/> Digital Certificate (printable quality) ONLY | <input type="checkbox"/> I will arrange courier service. |

PAYMENT INFORMATION

Instructor **Student**

<input type="checkbox"/> Credit/Debit (Visa, MasterCard, Discover, American Express)	<input type="checkbox"/> Check # : _____ (MUST be drawn from US bank)
<input type="checkbox"/> PayPal : http://tinyurl.com/TheIMDHA	<input type="checkbox"/> Online : http://tinyurl.com/IMDHA-Pay
EXP : <input type="text"/> / <input type="text"/> Security Code : <input type="text"/>	Applicant Signature : _____
	Date : _____
	electronic signature (typed name) accepted