



THE INTERNATIONAL ASSOCIATION OF COUNSELORS AND THERAPISTS

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Url: www.IACT.org • Email staff@IACT.org

PLEASE CHECK ONE:

- Certified Hypnotist
- Certified Hypnotherapist (*CH / CHt available to practitioners who meet the current training requirements*)
- Professional Member _____ (*List area of education*)
- Associate Member (*Associate Member does not qualify for malpractice insurance*)

APPLICATION MUST INCLUDE VERIFICATION OF EDUCATIONAL TRAINING AND GOV'T ISSUED PHOTO ID

To be eligible for Certification the Association requires that you fax, email, or hard mail a copy of your government issued photo ID, and documentation of a minimum 220 hours of hypnosis training (110 hrs classroom instruction). Upon validation of your training, all applicants are required to complete an online Certification Assessment.

PLEASE PRINT CLEARLY - WE ARE NOT RESPONSIBLE FOR MISSPELLING ON CERTIFICATES IF NOT LEGIBLE

Name: (as should appear on certificate): _____

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

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Home Phone: _____ Bus Phone: _____ Website: _____

Email: _____ I am also a member of _____ IMDHA (*check when appropriate*)

Username: _____ Password: _____

(Username and password must include at least 6 characters each. Write down your codes! They are encrypted for security and NOT retrievable)

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

___ \$115 (USD) IACT Approved Instructor ___ \$215 (USD) Other ___ \$25/yr (USD) Featured Listing ___ Total
(A complete listing of approved instructors can be found on the Association's website)

Check /MO #: _____ Credit Card Number: _____ Exp: _____ CVV# _____

(We accept Visa, MasterCard, Disc, Amex)

Signature _____ Today's Date: _____

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 IACT 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 Association of Counselors and Therapists Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.