



**INTERNATIONAL MEDICAL AND DENTAL
HYPNOTHERAPY ASSOCIATION ®**

8852 SR 3001, Laceyville, PA 18623
www.IMDHA.com staff@imdha.com
Ph: 570.869.1021 Fax: 570.869.1249

Certified Member Application

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 hypnotherapy training (150 hrs classroom instruction). Upon validation of your training, all applicants are required to complete an online Certification Assessment. Note: We are not responsible for misspelling on certificates if not printed legibly.

Name: (As it should appear on certificate): _____

Postnominal: ___ CHt ___ CH (select one)

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

Date of Birth (dd-mm-yy) _____

College Degree: _____ Medical Degree: _____

Primary Mailing Address (postal address where your membership materials can be mailed)

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Business Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Website: _____

Hypnosis Graduate of: _____

Have you ever been convicted of a felony? ___ No ___ Yes (If yes, provide details on back)

For your online account: Username: _____ Password: _____

If you have completed training through a non-approved facility, 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) to process your Certification Assessment. Should your application be denied the Certification Assessment (\$50) fee is refundable.

FEES: Initial Membership: **Approved School:** ___ \$169 (USD) **Other:** ___ \$269 (USD) Add a Featured Listing: ___ \$25/yr
Annual renewal is just \$119.00 (USD)

Total: _____

Credit Card # _____ Exp: _____ CVV# _____

(We accept Visa/MasterCard/Amex/Discover – The CVV# is located on the back of your card – last three digits)

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: _____