



**INTERNATIONAL MEDICAL AND DENTAL  
HYPNOTHERAPY ASSOCIATION ®**

8852 SR 3001, Laceyville, PA 18623

[www.IMDHA.com](http://www.IMDHA.com) [staff@imdha.com](mailto: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. Pre-Approval of coursework required for online training. Upon validation of your training, applicants are required to complete an online Ethics Class & Certification Assessment. Exceptions are considered on an individual basis. All decisions of the Board are final. 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 I have read and understand the IMDHA Code of Ethics; and 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: \_\_\_\_\_