



# The Greater Philadelphia Society of Clinical Hypnosis

*A Component Section of the American Society of Clinical Hypnosis*

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## **APPLICATION FOR MEMBERSHIP**

To qualify for **Full Membership** in GPSCH, you must: 1) possess a graduate degree in a health care profession; 2) be licensed (when available) or certified in your field; and 3) have completed an ASCH-approved 20-hour introductory workshop in hypnosis, or its equivalent. **Associate Membership** is the appropriate category for applicants who plan to complete the 20-hour introductory workshop in hypnosis within two (2) years, after which they will then qualify for Full Membership. Please refer to *Membership Criteria and Benefits* for more details.

**Applying for:**  Full Membership  Associate Membership  Student Affiliate Membership

*Please type or print:*

1. Full Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_  
*Last First M.I.*

Please check preferred mailing address and contact information:

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_ Website Address (URL): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

2. EDUCATION

Graduate School: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Date: \_\_\_\_\_

Postgraduate Study: \_\_\_\_\_ Degree/Cert.: \_\_\_\_\_ Date: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

3. Full-time Student (where): \_\_\_\_\_ Expected Degree: \_\_\_\_\_ Date: \_\_\_\_\_

4. Check where appropriate:  Full-time Practice  Full-time Teaching  Part-time Practice  
 Part-time Teaching  Resident/Intern  Research  Other: \_\_\_\_\_

5. Teaching Positions (where): \_\_\_\_\_

6. **PROFESSIONAL QUALIFICATIONS: If you are a CURRENT Member or Fellow of and/or certified by ASCH and/or SCEH, please check:**  ASCH Member  ASCH Certified  ASCH Consultant  SCEH Member  
**Please attach a copy of your ASCH and/or SCEH membership/certification certificate; you DO NOT need to include other documents. All other applicants must attach photocopies of all licenses, certificates, and proof of hypnosis workshop attendance.**

7. PROFESSIONAL QUALIFICATIONS (continued)

License/Certification: Type: \_\_\_\_\_ State(s): \_\_\_\_\_ Lic./Cert. Nos.: \_\_\_\_\_

Board Certification or Specialty: \_\_\_\_\_

Prospective Full Members must document at least 20 hours of ASCH-approved introductory workshop training (or equivalent). Workshop (where / when / who): \_\_\_\_\_

Describe equivalent training below. Please also describe additional training, experience, and use of hypnosis.

8. OPTIONAL: On a separate sheet, please list your contributions to the field, such as publications (title / when / where), workshops or training you conducted (title / when / where), etc.

**ADDITIONAL TRAINING, EXPERIENCE, AND USE OF HYPNOSIS**

For those without ASCH-approved training: Use this space to describe training you wish to claim as equivalent to the required ASCH-approved introductory workshop.

<u>Nature of Training (e.g., workshop, supervision, etc.)</u>	<u>Check if ASCH-approved</u>	<u>Location</u>	<u>Dates(s)</u>	<u>Instructor(s)</u>
_____	[ ]	_____	_____	_____
_____	[ ]	_____	_____	_____
_____	[ ]	_____	_____	_____
_____	[ ]	_____	_____	_____
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_____	[ ]	_____	_____	_____

Please describe how you use clinical hypnosis in your field, including how long you have been using hypnosis:

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**The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rescinding membership.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach check for annual dues and mail completed application to the address indicated below. If your application is not accepted, the money will be refunded to you. GPSCH reserves the right to request additional information related to this application. If you have any questions, please call 610-527-3710.

	<b>Mail check and completed application to:</b>	Suzanne Malik
Full Member dues:	\$100 per year	GPSCH Administrative Director
Associate Member dues:	\$80 per year	P.O. Box 551
Student Member dues:	\$50 per year	Berwyn, PA 19312
Retired Member dues:	\$50 per year (Board Approved)	
Life Member	\$25 per year (Board Approved)	