



American Psychotherapy and Medical Hypnosis Association

APMHA Membership Application Form

Please note that information in all fields is required. A fee of \$45.00 will be charged for incomplete and non-eligible applications. If you have questions about eligibility, please email us: Admin@APMHA.com

How Did You Learn About APMHA? (Check one):

<input type="checkbox"/>	Psychology Today	<input type="checkbox"/>	APMHA Website	<input type="checkbox"/>	Professional Colleague
<input type="checkbox"/>	Google Search	<input type="checkbox"/>	Other		

Full Name	<input type="text"/>
E-Mail Address	<input type="text"/>
Highest Degree	<input type="text"/>
License Number	<input type="text"/>
Licensure State	<input type="text"/>
Discipline	<input type="text"/>
Medical or Mental Health License in	<input type="text"/>
Home Address	<input type="text"/>
Home City	<input type="text"/>
Home State	<input type="text"/>
Home Zip Code	<input type="text"/>
Home Telephone	<input type="text"/>
Office Address	<input type="text"/>
Office City	<input type="text"/>
Office State	<input type="text"/>
Office Zip Code	<input type="text"/>
Office Telephone	<input type="text"/>
Birth Date	<input type="text"/>
Web Page URL	<input type="text"/>

School Which Granted Qualifying Degree	<input type="text"/>
School Location	<input type="text"/>
School Phone Number	<input type="text"/>
Hypnosis Training	<input type="text"/>
Total Training Hours	<input type="text"/>
Hypnosis Experience	<input type="text"/>
Total Hours of Experience	<input type="text"/>
Authored Books or Publications:	<input type="text"/>

We receive requests for referrals from our APMHA and HELP Web Sites.
Please list all areas of treatment so that referrals are made to appropriate providers:

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Dental Anesthesia
<input type="checkbox"/> Phobias	<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Child Birth
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Fears	<input type="checkbox"/> Stress
<input type="checkbox"/> Concentration	<input type="checkbox"/> Trichotillomania	<input type="checkbox"/> Nail Biting
<input type="checkbox"/> Stop Smoking	<input type="checkbox"/> Test Anxiety	<input type="checkbox"/> Trauma
<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Panic Disorders
<input type="checkbox"/> Sexual Dysfunction	<input type="checkbox"/> Forensic Hypnosis	<input type="checkbox"/> Investigation
<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Sports Enhancement	<input type="checkbox"/> Addictive Disorders
<input type="checkbox"/> Medical Anesthesia	<input type="checkbox"/> Dissociative Disorders	<input type="checkbox"/> Speech Disorders

Other Issues Treated With Hypnosis:

Use this space for additional remarks

Division Requested (Check one):

<input type="checkbox"/> I-Doctor	<input type="checkbox"/> II-Psychotherapist	<input type="checkbox"/> III-Nursing
<input type="checkbox"/> IV-Chemical Dependency	<input type="checkbox"/> V-Social Work	<input type="checkbox"/> VI-Medical Hypnotherapist
<input type="checkbox"/> VII-Allied Health Profession	<input type="checkbox"/> VIII-Forensic Investigation	<input type="checkbox"/> IX-Provisional Student

APMHA Members will represent themselves to the public and to clients truthfully, with regard to areas of expertise. Specialty designations will be based on accredited training. No false or misleading claims shall be made publicly or in private consultations. Members will make appropriate referrals when client issues are beyond the scope of training, or they will obtain supervision for educational purposes, with prior consent of the client. No Claims of guaranteed results shall be represented to the public, and making claims not based upon documented valid research shall be considered a violation of ethical practices.

I agree to abide by the APMHA Ethical Standards, by representing myself and my experience accurately with clients and colleagues, and to use appropriate methods of referral and/or supervision when treatment is beyond the scope of my training/expertise. I further agree to keep informed of the Laws and State Statues regarding the use of hypnosis in order to protect the welfare of clients/others who may be compromised for ethical/legal reasons.

To charge your membership on our secure ClickBank or PayPal:

(payment links will open in new window)

ClickBank - 2 yr Membership (\$380.00) or PayPal - 2 yr Membership (380.00)

We will email you within 24 hours to confirm that we have received your payment and application. **Outside the United States: ClickBank - \$380 or PayPal - \$380**

Mailed in Applications: \$380.00 Two-Year Membership (add \$15 outside US) (\$45 processing fee for returned applications) There is a small additional fee if you wish to charge your APMHA Membership (above). To pay by check:

Send Application/Check to:

**APMHA
12166 Metric Blvd, Suite #271
Austin, TX 78758**

Voice Message Center: 956-203-0608 Make checks payable to APMHA Licensed professionals may apply, (few exempt states). Email us with eligibility questions.

Date :

Signature