

SOUTHERN CALIFORNIA SOCIETY OF CLINICAL HYPNOSIS  
10921 Wilshire Blvd, Suite 504, Los Angeles CA 90024- 1-888-32-SCSCH

**APPLICATION FOR MEMBERSHIP**

(Please type or print legibly. See membership requirements.)

1. Name in full \_\_\_\_\_ Degree \_\_\_\_\_  
Office address \_\_\_\_\_ Tel.No. \_\_\_\_\_  
City,State,ZIP \_\_\_\_\_  
e-mail Address \_\_\_\_\_  
Home Address \_\_\_\_\_ Tel.No. \_\_\_\_\_  
City,State,ZIP \_\_\_\_\_

2. Education:  
Undergraduate/University \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_  
Graduate/University \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_  
Postgraduate \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_  
Major field of study \_\_\_\_\_

3. Student (full-time) (where) \_\_\_\_\_  
Degree to be earned \_\_\_\_\_ Expected date of completion \_\_\_\_\_  
*Letter from dept. head certifying current enrollment must accompany completed application.*

4 Check appropriately: \_\_\_ Full-time practice \_\_\_ Part-time practice \_\_\_ Resident/Intern

5. Teaching positions (where) \_\_\_\_\_

6. Type of license \_\_\_\_\_ License/Registration No. \_\_\_\_\_

7. List membership in professional organizations \_\_\_\_\_

8. Specialty Board Certification \_\_\_\_\_

9. Verify your training in hypnosis within the last three years. Please indicate what courses you have taken in hypnosis, where they were held, including dates and number of hours. *Please furnish proof of attendance.* \_\_\_\_\_

10. List use of and experience in hypnosis: \_\_\_\_\_

*Attach copy of license and annual dues check. Mail with completed application to above address. If application is not accepted, money will be refunded.*

\_\_\_\_\_ Associate/Full Member \$125 \_\_\_\_\_ Affiliate \$75 \_\_\_\_\_ Student \$50

I hereby apply for membership in the Southern California Society of Clinical Hypnosis and, if accepted, I agree to abide by Bylaws and Code of Ethics of the Society and to practice in accordance with established ethical usages of my profession.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR BOARD USE ONLY**

-----  
Recommendation of Committee: /\_/Full /\_/Associate /\_/Affiliate /\_/Student /\_/Not accepted

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **SCSCH MEMBERSHIP REQUIREMENTS**

### **ASSOCIATE MEMBER**

SCSCH Bylaws - Article IV, Section A2

- a. An Associate Member shall have a doctorate in (1) dentistry, medicine (M.D. or D.O.), psychology or (2) in a field where psychology has been a major study, or a master's degree in psychology, social work, marriage and family counseling, or nursing.
- b. An Associate Member shall have membership, or eligibility for membership, in a professional society consistent with his/her degree.
- c. On application for Associate Membership, the Associate Member shall have licensure in his/her state of practice.
- d. An Associate Member shall have provided evidence of professional training, experience and conduct in clinical or experimental hypnosis (e.g., Southern California Society of Clinical Hypnosis workshop, Society for Clinical and Experimental Hypnosis workshop, or a workshop of an American Society of Clinical Hypnosis parent or component society) that is acceptable to the Accreditation/Membership Committee.
- e. An Associate Member shall automatically be advanced to Full Membership after maintaining membership in the Society for one (1) year.
- f. An Associate Member shall have all the privileges of membership except those of voting, holding office, or acting as chairperson of a committee.

### **FULL MEMBER**

Article IV, Section A1

- a. A Full Member shall have met all requirements for Associate Member status and maintained membership in the Society for one (1) year.
- b. A Full Member shall have all the privileges of membership, including those of voting, holding office, and acting as chairperson of a committee.

### **STUDENT MEMBER**

Article IV, Section A4

- a. A Student Member is a person who is enrolled in an accredited program in medicine, dentistry, psychology, social work, marriage and family counseling, or in a field in which psychology is a major study. This status shall be granted for a maximum of two (2) years. At the end of the two (2) years, the Student Member status shall be reviewed by the Accreditation/Membership Committee for reevaluation of possible extension, if needed.
- b. A Student Member shall have all the privileges of membership except those of voting, holding office, or acting as chairperson or member of a committee.

AFFILIATE MEMBER (Registered interns and psychology assistants with a supervisor)

ARTICLE IV, Section A3

- a. An Affiliate Member shall have a master's degree in psychology, marriage and family counseling, social work or be a registered nurse with a master's degree.
- b. An Affiliate Member shall have membership, or eligibility for membership, in a nationally recognized professional society consistent with his/her degree.
- c. On application for Affiliate Membership, the Affiliate Member shall have registration in his/her state of practice.
- d. On application, an applicant for Affiliate Membership shall submit certification of training in a Southern California Society of Clinical Hypnosis workshop, or Society for Clinical and Experimental Hypnosis workshop, or a workshop of an American Society of Clinical Hypnosis parent or component society that is acceptable to the Accreditation/Membership Committee.
- e. An Affiliate Member shall have all the privileges of membership except those of voting, holding office, or acting as chairperson of a committee.

### **PLEASE NOTE EXCERPT FROM THE SOCIETY'S STANDING RULES**

Membership is granted only to those individuals who agree to further the goals of this organization, especially in regard to training of individuals. This organization and its membership agree to train only those individuals who qualify because they have an advanced degree: Doctorate in medicine, psychology, dentistry, social work or a masters in an appropriate field.