



**Classification requested:**

Student Hypnotherapist  
Certified Hypnotherapist  
Certified Clinical Hypnotherapist  
Master Clinical Hypnotherapist

**Personal Data:**

Have you ever had a registration to practice suspended, revoked or denied?

No  
Yes

Have you ever had privileges suspended or restricted?

No  
Yes

Have you ever been convicted of a felony?

No  
Yes

Have you ever been the recipient of disciplinary action in the practice of counselling or any health care field?

No  
Yes

Have you ever entered into a stipulated agreement or agreed to discontinue an act alleged as a violation of law or unsafe practice?

No  
Yes

Have you, within the past five years, been treated for any mental disorder?

No  
Yes

*\*If the answer is yes to any question in this section, attach certified copies of orders, stipulations, agreements, charges, judgments, sentence, findings, and nature of decisions. If on parole or probation, include a letter from supervising officer indicating progress. In the case of mental disorder please supply details.*

**Code of Ethics and Declaration:**

The Canadian Hypnotherapy Association is dedicated to the clinical and scientific utilization of hypnosis at the highest professional level and embodies the following principles:

Members will meet the requirements of their professional organization and accept their ethical and scientific standards.

Members shall limit their clinical and scientific use of hypnosis to their areas of competence as defined by the professional standards of their field.

Members shall at all times conduct themselves in a manner reflecting their humanistic, altruistic, holistic and eclectic concern with mankind.

Members shall only make use of clinical and scientific hypnosis if it contributes to the welfare of the client and/or to the advancement of the professional knowledge of the science.

I, \_\_\_\_\_ *depose and say that I am the person described and identified; that I am of good moral character; that I have answered all the above questions truthfully and without reservation of any kind.*

*I declare that my answers and all statements made by me, both herein and in any document submitted by me, are true and correct.*

*Should I falsify any information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my Canadian Hypnotherapy Association membership.*

*If accepted into the Canadian Hypnotherapy Association, I do solemnly promise and swear to abide by and support the mandates set forth in the bylaws governing the association and to at all times conduct myself with dignity and decorum.*

Applicant's signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\* A one time \$25.00 non-fundable application fee and all other applicable fees as outlined below are payable to the CHA with this application.**

Mail to:

The Canadian Hypnotherapy Association Examination Office  
c/o Anita Lawrence  
4708 Stahaken Place,  
Tsawwassen, BC  
V4M 4B3

Phone: (604) 943-6333

E-mail: [anita.Lawrence@hypnotherapyassociation.ca](mailto:anita.Lawrence@hypnotherapyassociation.ca)

PAGE

PAGE 1