



# CANADIAN\* HYPNOTHERAPY ASSOCIATION

## Membership Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Classification:

- Student Member  Certified Hypnotherapist  
 Certified Clinical Hypnotherapist  Certified Master Hypnotherapist

*Applicants may be required to take an examination prior to classification, if the Board of the Association determines that such an examination is necessary.*

### Personal Data:

	YES	NO
Have you ever had a registration or licence to practice suspended, revoked or denied?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had privileges suspended or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been the recipient of disciplinary action in the practice of counselling or any other health care filed?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever entered into a stipulated agreement or agreed to discontinue an act alleged as a violation of law or unsafe practice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, within the past 5 years, been treated for any mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>

*If the answer is yes to any question in this section, attach certified copies or orders, stipulations, agreements, charges, judgements, sentences, findings and nature of decisions. If on Parole or Probation, include a letter from the supervising officer indication progress. In the case of mental disorder please supply details.*



# CANADIAN<sup>\*</sup> HYPNOTHERAPY ASSOCIATION

## Code of Ethics & Declaration

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 the 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 \$25.00 non-refundable application fee is payable to the CHA with this application for all levels.

**Mail your completed form to the following address:**

**The Canadian Hypnotherapy Association Examination Office**  
C/O Anita Lawrence  
4708 Stahaken Place  
Delta BC V4M 4B3