

# National Guild of Hypnotists, Inc.

P.O. Box 308 • Merrimack, N.H. 03054-0308 • U.S.A.  
(603) 429-9438 FAX (603) 424-8066 Email: ngh@ngh.net

## NGH Certification Program

Choose One Title:  Hypnotist  Hypnotherapist  Consulting Hypnotist

Print exactly as you wish your name to appear on your credentials

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel numbers: Office (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Birthdate \_\_\_\_\_ Occupation/ Profession \_\_\_\_\_

Education:  High School Graduate  College Graduate

College Graduate-Earned Degrees \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

Other Hypnotism Training/Memberships: \_\_\_\_\_

I have practiced hypnotism since \_\_\_\_\_ (year) I practice Hypnotism \_\_\_\_\_ Part time \_\_\_\_\_ Full time

I am Fluent in \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Other \_\_\_\_\_

I  do  do not want to be on the NGH computer referral list for new clients

Have you ever been convicted of a felony?  Yes  No

If Yes, specify: \_\_\_\_\_

Have you ever been removed from any professional organization?  Yes  No

If Yes, specify: \_\_\_\_\_

*By signing this form, I agree to abide by the NGH Code of Ethics and Standards of Practice*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby attest that the above named graduate received 100 hours of instruction in my course

Print Instructor Name: \_\_\_\_\_

**All certificates and member packages will be sent directly to the instructor**

# 15139-L-Z / 006