ELIGIBILITY REQUIREMENTS

A candidate for Diplomate status in Clinical Hypnosis offered by the American Hypnosis Board for Clinical Social Work (AHBCSW) must meet the following requirements:

1. Possess a Masters or Doctoral degree in Social Work from a graduate school accredited by the Council on Social Work Education;

2. Have clinical course content, clinical field work or postgraduate internship, and not less than five (5) years of post masters direct clinical practice experience, including the clinical use of hypnosis;

3. Have acceptable training and experience in clinical hypnosis. Acceptable training includes those offered by the American Society of Clinical Hypnosis, the Society for Clinical and Experimental Hypnosis, the International Society of Hypnosis, and their affiliated organizations. Other graduate and postgraduate courses and workshops offered by accredited colleges and universities and organizations, may be accepted at the discretion of the AHBCSW;

4. Possess a current license, certification, or registration at the highest level of independent clinical practice in the state where they are currently practicing;

5. Be a Diplomate of the National Association of Social Workers (DCSW) or the American Board of Examiners in Clinical Social Work (BCD), or document eligibility for either examination;

6. Submit an application with documentation certifying that the required standards have been met, along with an application fee.

7. Provide three (3) letters of recommendation from colleagues who can attest to your character, and experience with hypnosis and psychotherapy;

8. Successfully complete a written or oral examination covering theory, conceptualization, research, case formulation, clinical techniques, and professional issues and contributions. The examination will include a discussion and critique of an audio or video recording, including a printed transcript, of an actual clinical session, by the applicant, utilizing hypnosis.

Examinations are given by scheduled appointment at national or regional meetings, workshops, or scientific sessions of the Society for Clinical and Experimental Hypnosis and the American Society of Clinical Hypnosis. Detailed exam information will be provided if the applicant is found to be eligible for the examination. Three (3) copies copies of the recorded session(s) and transcript(s) will be required prior to the exam.

Send application and other correspondence to:

William Mark Adams, M.S.W., D.A.H.B.  
AHBCSW Secretary Treasurer  
3103 Bee Cave Rd, Suite 101  
Houston, TX 77040  
(713) 796-3197...voice  
m123adams@aol.com

Application fee: $100.00  
Examination fee: $175.00

Make checks payable to:

William Mark Adams,  
AHBCSW Secretary/Treasurer

marked with the appropriate notation of either ‘AHBCSW Application Fee’ or ‘AHBCSW Examination Fee.’

Revised on 03-20-2014
APPLICATION – AMERICAN HYPNOSIS BOARD for CLINICAL SOCIAL WORK

Name ____________________________________________________________
Address __________________________________________________________
Phone (office) __________________ (home) __________ (fax) __________ (email) ____________

EDUCATION

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Field Placement(s) _________________________________________________________________________ Date ____________
Post Graduate Internship(s) __________________________________________________________________ Date ____________
Work Experience ____________________________________________________________________________
__________________________________________________________________________________________

Diplomate, American Board of Examiners in Clinical Social Work (BCD)  No___ Yes___ Date __________ Certificate # __________
Diplomate, National Association of Social Workers (DCSW)  No___ Yes___ Date __________ Certificate # __________

If you are not a Diplomate in Clinical Social Work (NASW) or a Board Certified Diplomate (ABFCSW), greater documentation will be required to determine eligibility status.

HYPNOSIS ORGANIZATION MEMBERSHIPS

SCEH:  Yes _____ No____ If Yes, Year Joined __________ Membership Level _________________________________

ASCH:  Yes _____ No____ If Yes, Year Joined __________ Membership Level _________________________________

Other hypnosis societies, including date and membership level and recognitions:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

State Licensed in: _______ Date Licensed ____________ License Number ________________ Type _______

Please document on separate pages:
1. The extent and scope of your hypnosis training and experience, including dates, names, and locations;
2. Describe your types of cases, number of patients/clients, treatment lengths, etc.;
3. List of hypnosis courses, workshops attended and taught, sponsorship, subject, kinds of participants;
4. Your professional specialization, orientation in psychotherapy, and in hypnosis;
5. List all of your publications or speeches dealing with hypnosis; send reprints or copies;

Endorsed by the
American Society of Clinical Hypnosis
Society for Clinical and Experimental Hypnosis

Constituent Organizations
American Board of Clinical Hypnosis, Inc.
American Board of Hypnosis in Dentistry
American Board of Medical Hypnosis
American Board of Psychological Hypnosis
American Hypnosis Board for Clinical Social Work