



California School  
Of Hypnotherapy

### California School Of Hypnotherapy Application

*Mail, or Scan and Email this application, to California School of Hypnotherapy  
4250 H Street ,Ste.4, Sacramento, CA 95819 or **HYPERLINK**  
"mailto:Maude@SacramentoHypnotherapy.com"  
[Maude@SacramentoHypnotherapy.com](mailto:Maude@SacramentoHypnotherapy.com)*

California School of Hypnotherapy’s training is an exclusive opportunity for those who understand that a hypnotherapist’s deepest responsibility – and eventual reward – is having the wisdom to transform the mind for the greater good.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date of Training: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Where did you first hear about California School of Hypnotherapy? \_\_\_\_\_

What are your reasons for attending this training? Check all that apply:

- I am primarily interested in personal growth and have no career expectations.
- I am interested in incorporating this knowledge into an existing professional practice in the healing arts.
- I am interested in becoming a professional hypnotherapist and am not currently trained or certified in this or a related field.

2. Occupational History: (Start with the most recent.)

Job Title	Duties	Employer	From - To
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3. Educational History: (Start with the most recent.)

Institution	Field of Study	Degree or Certification	From - To
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4. Check all that apply:

- I have experienced sessions in hypnotherapy. Type: \_\_\_\_\_
- I have been in counseling.
- I have no previous experience of therapy or counseling.
- I have been prescribed antidepressant or anti-psychotic medications.
- I have been hospitalized for mental illness.
- I am currently taking a prescribed mood-altering drug.

5. Have you ever been convicted of a felony or morals charge?

- No       Yes (If yes, give details. Use separate sheet.)

6. Help us get to know you. Write a brief synopsis of who you are and how you believe training in hypnotherapy will fit into your life and your work with people. (May use separate sheet.)

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9. In case of Emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I understand that the California School of Hypnotherapy offers no placement service or guarantee of employment to graduates of this program. I certify that all of the above information is correct to the best of my knowledge.

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