**A + Academy of Hypnosis**

Hypnosis Certification Course Application

International Association of Counselors & Therapists (IACT Approved)

Instructor: Lisa Parisien, LIMHP, LADC, CHt

*Hypnosis Basics Part 1*

*Date: Friday March 25th thru Monday March 28th 9 am – 6 pm*

*Required Reading “Hypnosis De-Mystified” by Walt McCoy Ph.D.*

*Hypnosis Advanced Part 2*

*Date: Friday April 22nd thru Monday April 25th 9 am – 6 pm*

*Required Reading “Secret Language of Feelings” by Calvin Banyon*

**Tuition**

Tuition covers part 1 & part 2. The IACT two-part certification course fee is $2750.00 or $2550.00 if paid in full 30 days prior to class and includes a **review, administration and registration fee of $150.00**. A registration fee of $150.00 must accompany the registration form with the **balance of tuition due two weeks prior to first class**. Tuition includes manual and IACT student membership. **No placement assistance is offered.**

Course location: The Ascension Center at 10701 Mockingbird Drive, Omaha, NE 68127. Contact Lisa Parisien (402) 290-4614

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ alternate phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (include city, state, zip code)

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I want to study hypnosis:

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1

What I want to gain from this class:

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Have you ever experienced a hypnosis session? YES/NO If yes, what kind and how frequently?

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Please describe any previous hypnosis training, education, work experience and/or interests that are relevant to this course or that you feel will help you as a hypnotherapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Certification Requirements: Students must participate in and attend all sessions for eligibility for certification. Following the training, as part of the review process, students will submit a written script. Upon completion of class hours which includes experientials, required reading, written exams and approval of written recorded submissions the student will be eligible for certification as a hypnotherapist through the International Associate of Counselors and Therapists (IACT).

Payment: Tuition class manual and IACT student membership

\_\_\_\_\_\_ My personal check is enclosed payable to A + Academy of Hypnosis

10701 Mockingbird Drive, Omaha, NE 68127

\_\_\_\_\_\_ $2750.00 or $2550.00 if paid in full 30 days prior to class

\_\_\_\_\_\_ I prefer to pay via credit card, please send me a Square link to my email.

**Refund Policy**

All fees paid by the student applicant will be refunded if requested in writing within (3) three days (72 hours) after signing an Enrollment Agreement. If applicants cancel after three days but before class begins, a full refund less $150.00 will be **returned within 40 days of fund verification period. If applicant cancels or withdrawals after class begin, no refund will be given**. A full refund will be given if the applicant is not accepted by the school. A full refund is due to students whose contracted educational services are denied as a result of intentional deception, or misrepresentation of facts, or the use of advertising which is known to be false, inaccurate, or misleading. If cancellation occurs after seventy-two (72) hours of enrollment, but before classes at the resident school begin or distance education materials are delivered, a refund shall be made of all tuition paid except a registration fee not to exceed one hundred fifty ($150.00).

2

A student who has not visited the school facility prior to enrollment will be given an opportunity to withdrawal without penalty within three days following either that regularly scheduled orientation procedures or following a tour of the school facilities and inspection of equipment.

Legal: By submitting registration documents for this course, you agree to have read and do accept the terms set forth herein. You also understand and agree that hypnosis is not intended to be a replacement for medical care. It is offered as a non-medical, non-chemical, non-invasive alternative to promote change, health and wellness. No warranty or guarantee is given or implied.

I have read the Hypnosis Certification Course application and agree to the terms

Signature of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

\_\_\_\_\_\_\_\_ Fee received

\_\_\_\_\_\_\_ Completed course

\_\_\_\_\_\_\_ Completed Certification

\_\_\_\_\_\_\_\_ IACT Student Dues Paid and Certificate Mailed

3