

Application for Admission



Clinical Hypnosis Institute

30500 Van Dyke, Suite 203
Warren MI 48093

Please Print Clearly:

FIRST NAME: _____ Middle _____ LAST NAME: _____
(Name or Initial)

Mailing Address: _____
Street or P.O. Box: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Ph: _____

e-mail address: _____ Web site: <http://www>. _____

Marital Status: Married Single Date of Birth: _____

Highest education level or degree: _____ High School Graduation or GED award date: _____

Employer: _____ Occupation: _____

Are you now or have you ever been under the care of a Psychiatrist ?

No Yes If yes, please give details of your condition, inclusive dates of treatment, and list any medications prescribed. _____

Reason for taking this course: _____

Have you ever been convicted of a Felony?

No Yes If yes, please give details: _____

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that misrepresentations on this form may be cause for refusal of admission or immediate suspension from the course.

Each Module is \$795.00

I enclose a check or money order for \$100.00 as a deposit for Module I and agree that the balance of monies due for each module is to be paid not later than the first day of the module unless prior arrangements have been made.

Signature: _____ Date: _____