



# Application for Admission & Student Contract

Clinical Hypnosis Institute  
(586) 899-9009

[www.ClinicalHypnosisInstitute.com](http://www.ClinicalHypnosisInstitute.com)

Please Print Clearly:

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or P.O. Box* *City* *State* *Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Married \_\_\_ Single \_\_\_ Date of Birth: \_\_\_\_\_ Years of school completed: \_\_\_\_\_

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 the year(s) and 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 \$995.00.** There are three Modules that lead to certification as a hypnotherapist.

**I enclosed 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 no later than the first day of the module unless prior arrangements have been made.

**Make Check Payable to Clinical Care Network LLC**

**Mail Check and Application to:** Clinical Care Network – 8200 Old 13 Mile Rd., Suite 110, Warren, MI 48093

**Refund policy:** All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All refunds shall be returned within 30 days. No refunds will be made after the first day the course begins. At the discretion of the instructor, a student who leaves mid-course for personal reasons may be reinstated where s/he left off during the next term of classes at that level

I have read and understand the School Catalogue and student handbook of Clinical Hypnosis Institute policies and agree to abide by them and to the terms of this contract:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Clinical Hypnosis Institute School Use Only**

Application Accepted \_\_\_\_\_ Application Denied \_\_\_\_\_

School Administrative Director: \_\_\_\_\_ Date: \_\_\_\_\_