



Application for Admission & Student Contract

Clinical Hypnosis Institute

(586) 899-9009

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 \$1,195.00.** 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:** _____