Success Center, Inc.

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**FIRST RESPONDER HYPNOTHERAPIST TRAINING APPLICATION**

*Please complete this form and return to* *bhorn@centurylink.net**, Success Center, Inc. Lead First Responder Program Trainer.*

1. Name: Click or tap here to enter text.
2. Address (mailing): Click or tap here to enter text.
3. Website: Click or tap here to enter text.
4. Email: Click or tap here to enter text. Office Phone: (###) ###-####

 Cell Phone: (###) ###-####

1. Do you own the Seven Keys to Self-Actualization System (Bronze, Diamond, Gold, Copper, Silver, Ruby and Platinum (check or indicate one)? [ ] Yes or [ ] No
2. If Yes, did you purchase the Seven Key System (check or indicate one):

After [ ] 1/1/2018? **Or** [ ] 2017 or Before?

**To your best ability provide the following information. These questions are to help the trainer customize the training to meet you at your level of experience**.

1. Please provide a description of your Hypnotherapy Education (School, Certifications, Training or Equivalent):

Click or tab here to add details.

1. When did you begin your hypnotherapy practice?

Click or tap here to add details.

1. If you have worked with trauma (not required) what is your experience, training?

Click or tap here to add details.

1. Characterize your knowledge or experience in the use of regression?

Click or tap here to add details.

1. Have you or do you give group hypnosis session? If yes, summarize approach:

Click or tap here to add details.

1. Have you or do you conduct hypnosis sessions by phone, skype, zoom or equivalent?

 Click or tap here to add details.

1. What is your interest in becoming a first responder hypnotherapist?

Click or tap here to add details.

1. Please help us understand your current practice and desires:

Length of typical session is Click or tap here to enter text..

I charge $Click or tap here to enter text. per session

My average client sees me Click to add number of sessions.

I do # sessions Click or tap here to enter text./week

I would like to do #Click or tap here to enter text./week ο

I do not offer free consultations [ ] Yes [ ] No

I practice hypnosis: [ ] full-time [ ] part time

I want to do practice Hours: Click or tap here to enter text.

I would like to make $Click or tap here to enter text. per year practicing hypnosis

I advertise to bring in business, spending $ Click or tap here to enter text. annually

I advertise in (circle, highlight or bold): [ ] Yellow Pages [ ] Newsprint [ ] Internet

 [ ] Broadcast [ ] Other:Click or tap here to enter text.

My Primary occupation is: Click or tap here to enter text.

I am interested in: [ ]  Client Leads / Referrals [ ]  Sales & Marketing Assistance.

**Thank you for taking the time to complete this application. We will process this and let you know within 48 hours if you are accepted and when your training will begin. Please download the First Responder Hypnotherapist Training Program pdf to learn more.**