



***A Set of Competency
and Proficiency
Standards for Australian
Professional Clinical
Hypnotherapists***

***A Descriptive Guide to the
Australian Hypnotherapists' Association
Accreditation System***

Lindsay B. Yeates

(SECOND, REVISED EDITION)

Australian Hypnotherapists' Association

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Foreword to First Edition

Early in 1993, I invited a number of prominent Australian hypnotherapists to a meeting I had convened to discuss future directions for the hypnotherapy profession.

The feeling of this meeting was that the first step to be taken had to be the creation of a description of the unique set of therapeutic functions routinely performed by a full-time professional hypnotherapist; and those at the meeting decided to meet again to discuss how this might be done.

The Executive of the A.H.A. were kept informed of these proceedings.

By late 1993, the Executive had authorized a special working party to undertake a review of the Association's professional standards and ethics and make recommendations for updating them.

The working party was comprised of Margaret O'Brien/Tomko, Lindsay Yeates and myself.

The working party then decided to develop a set of performance criteria that would accurately describe the standards required for admission to the Association as a Clinical Member in such a way that would establish a new set of standards for the profession; which would also be easily understood by government departments, health insurance funds and, most importantly, the general public.

I sincerely believe that the system described in this book meets all of the needs that we defined at the beginning of our task.

As the work progressed, and as the precision of the competency and proficiency standards it contained became evident, the A.H.A. Executive came to see the value of extending these criteria into an objective "peer group" accreditation system.

At an Executive meeting on Sunday, 23rd. October, 1994, it was decided that accreditation would become a requirement for Clinical Membership.

On Sunday, 17th. December, 1995, the A.H.A. Executive adopted the system described in this book as its new Association policy; and, furthermore, determined that it would commence operating on 1st. January, 1996.

I would like to take the opportunity to thank Margaret O'Brien/Tomko for the many hours she gave to this project, and the time she spent away from her own busy practice.

Her years of experience and her constructive observations added greatly to the outcome of this project.

To Lindsay Yeates, who took on the rôle of author, the Australian Hypnotherapists' Association owes a debt of gratitude that can never be repaid.

His patience and dedication cost many hundreds of hours of his valuable time.

In addition to his theoretical knowledge of the structures of competence and proficiency descriptive criteria, his extensive experience as a practising hypnotherapist and teacher of hypnotherapy combined with his skills as a linguist made the working party's task so much easier.

His practical knowledge and detailed understanding of the intricacies of the "peer group" accreditation systems of other professional organizations has allowed this Association to benefit from their experience and establish a very refined system that will meet the needs of the hypnotherapy profession for many years to come.

Finally, I would like to take this opportunity to recognize the importance of the enthusiastic support and the valuable contributions that have been made by my colleagues on the Executive of the Association over the duration of this important project.

Michael Usher,
President, Australian Hypnotherapists' Association,
January, 1996.

Preface to First Edition

Almost three years have elapsed since Michael Usher, then Secretary (currently President) of the Australian Hypnotherapists' Association, invited me to contribute to the important project of formally reviewing, updating and revising the Australian Hypnotherapists' Association's professional standards and ethics.

This project soon evolved into another: that of formulating, creating and establishing a precise set of competency, proficiency and performance standards for both Association membership and for objective “peer group” accreditation.

It has often been a difficult task to balance the **academic need** for thoroughness, completeness, precision, clarity and accuracy of description and representation with the ever-increasingly urgent **pragmatic need** to have the entire project finished as soon as possible in order to allow the Association to initiate its “peer group” accreditation system.

In late 1995, the performance standards and the administrative structure that is described in this work were unanimously accepted by the A.H.A. Executive, and the standards and structure has been in force (as Association policy) from 1 January, 1996.

This is the first detailed set of competency and proficiency standards for professional clinical hypnotherapists published anywhere in the world; and the standards it presents were established by extensive consultation with experienced Australian clinical hypnotherapists who (collectively) shared more than 400 years of professional practise.

This work also contains a detailed exposition of the first “peer group” accreditation system ever constructed for professional Australian clinical hypnotherapists.

The overall model upon which it is based, the descriptions it contains, and the final structure it embodies is the product of a wide range of discussions with many experienced professionals in many fields.

Amongst all of the important changes and valuable guide-lines for future development which this scheme brings to the Australian hypnotherapy profession, there seem to be six very significant innovations:

- It recognizes that hypnotherapy is an art; not a procedure.
- It accredits specific individuals on the basis of their actual demonstrated knowledge and clinical performance; instead of approving particular “courses” or approving particular “teaching institutions”.
- It describes the circumstances of a specialist, full-time clinical hypnotherapist; rather than one who only uses hypnosis sporadically. From this, it also provides a good working definition of clinical hypnotherapy itself.
- It argues that no “theological training” or Government registration can guarantee that an individual is a fit and satisfactory person to practise; and, so, it demands that **all** applicants for accreditation are thoroughly screened **in order to ensure that they are not psychologically unsuitable for hypnotherapeutic work.**
- It only accredits applicants whose fitness to efficiently practise as a professional hypnotherapist is not in any way impaired by reason of infirmity, illness, or injury.
- It recognizes that neither “theological training” nor the training required for Government registration can guarantee that an individual is sufficiently well trained in hypnotherapy by virtue of that training alone.

Obviously, not all change is progressive; and it would seem very stupid to set about destroying (or irreversibly altering) the rich and irreplaceable resources of **an original gene pool** solely to make recent **hybrids** like medical hypnosis, dental hypnosis, hypno-analytical psychotherapy, etc. look good.

The beauty of this scheme is that it also clearly recognizes the historical origins of hypnosis and hypnotherapy; and, in doing so, it also conserves many of the important “original” concepts and procedures for future generations of Australian hypnotherapists.

It is my earnest hope that this work helps to prepare the way for those professional clinical hypnotherapists who are to follow in a way that never allows them to forget the contribution and the dedication of those who went before.

I thank Margaret O'Brien/Tomko for her time and for the important contributions she made to the creation of the performance standards.

Her support and her willingness to share her professional experience and opinions were invaluable.

I thank Michael Usher for his input and for the time he spent clarifying a wide range of policy issues over the duration of the project.

I particularly thank Robert Zindler for his advice and his willingness to share his hard-won experience and his extensive knowledge of the sorts of problems that attend the establishment of “peer group” accreditation systems.

Finally, I gratefully thank all of those others who have, in one way or another, contributed to this work; and I hope they accept its completion as a mark of respect.

Lindsay B. Yeates,
Rose Bay, January, 1996.

Preface to Second Edition

Since the first edition of this book was published nearly four years ago the foresight of the **A.H.A.**'s original decision to establish a precise set of competency, proficiency and performance standards for Australian specialist professional clinical hypnotherapists has become increasingly apparent.

Whilst it is true that not all change is “progressive”, the changes that have ensued from the creation and publication of these competency and proficiency standards (and the establishment of the **A.H.A.** accreditation system) have certainly made a very significant contribution to the on-going development of an Australian hypnotherapy “profession” (as this development process was described by T.J. Johnson in his 1972 study ***Professions and Power***, published by Macmillan, for the ***British Sociological Association***).

The launch of the ***Psychotherapy and Counselling Federation of Australia (P.A.C.F.A.)***, in Melbourne, on 2nd. July, 1999, is further evidence of similar innovative moves being made by those in allied professions.

The recent decision by the Federal Government, in regard to its new Goods and Services Tax legislation, to permit certain non-Medicare health-care providers to offer their clinical services “GST-free”, further proves the wisdom of the **A.H.A.** Executive's 1994 decision to create the ***Australian Hypnotherapists' Accreditation Board***.

Unfortunately, the community increasingly categorizes students who are engaged in vocational training as if they are simply “consumers” of an “educational product”; rather than viewing them as individuals who need their character, intelligence, personality and potential tried, tested, challenged and developed according to particular “traditional” standards.

And, as vocational training in general is forced to respond to these sorts of community pressures, the formal training of clinical hypnotherapists in particular is becoming far more a process of rote learning and data transfer, and far less a process of education, ethical guidance and personal development.

In this increasingly unsatisfactory atmosphere, the pragmatic value of specifying individual competency and proficiency standards (i.e., rather than in terms of specific academic qualifications) is immediately apparent; especially in terms of attempting to ensure and facilitate long-term “in-the field” professional excellence and ethical professional behaviour.

As the consequent need for far more wide-ranging, thorough and extensive professional education, direction and influence per medium of long-term **mentor-protégé** relationships **subsequent to any formal vocational training** continuously grows, these detailed performance standards will provide practical, accurate and very useful guide-lines for the **mentors** involved in this ever more necessary process of professional education and development.

As well as containing a number of textual additions that reflect the new situation four years on, the second edition also contains amendments and/or corrections of earlier textual errors as well as including substantial revisions of previously ambiguous or equivocal passages.

For the benefit of those whose professional/academic interest lies beyond how a given individual may become accredited by **The Australian Hypno-therapists' Accreditation Board**, a copy of **Section Eighteen** of the **Articles of Association** of the **Australian Hypnotherapists' Association**, referring to the structure, constitution and duties of the accreditation board has been included at **Appendix One**.

Whilst reading **Appendix One**, you should be mindful that, although the accreditation board is routinely comprised of either **Clinical Members** or **Fellows** of the **A.H.A.**, the **Articles** specifically allow and permit the **A.H.A. Executive**, at its own discretion, in extraordinary circumstances, to invite an **eminent professional** who is not, at that time, an **A.H.A. member** to serve on the accreditation board.

Also, it should be noted that, entirely consistent with the Association's strict policy (continuously upheld since 1949) of clearly separating the administrative process of admission, examination and/or accreditation, or the increase in membership status, from the commercial operation of teaching institutions, etc., the **Articles**, at **18.(j)**, explicitly state:

"To establish and maintain the independence of the Association and the Accreditation Board and to ensure the integrity and probity of the accreditation process any person who is a principal of and/or an employee of and/or a contractor to any individual or institution or corporation that provides any form of vocational training in hypno-therapy at a professional level will not be eligible to be a member of the Accreditation Board."

Through its consistent policy of independence from teaching organizations (and, as a consequence, never “approving” certain qualifications, teachers or institutions), the **A.H.A.** has avoided the sort of costly legal disputes that have beset other Australian professional organizations as a consequence of their own practice of “approving” certain qualifications or teachers or institutions. These legal issues have included things such as:

- a. An “approved” institution not teaching the “approved” course syllabus but still issuing an “approved” qualification at the end of the course.
- b. An “approved” institution not employing “approved” teaching staff.
- c. Individual students who had been awarded an “approved” qualification without having met the “approving” organization’s specified academic standards applying for admission to that organization.
- d. Students holding an “approved” qualification, awarded following a sub-standard course of study, demanding that the “approving” organization admit them; on the basis that pre-course “approval” indicated that all successful students would be guaranteed post-course admission (provided, of course, they met all other non-academic entry criteria).
- e. Students who had become aware that the teaching institution’s course fell far below an acceptable community and professional standard, holding the “approving” organization commercially responsible for the failure of the organization’s “approved” teaching institution to teach the organization’s “approved” course syllabus.
- f. Justified claims of “restrictive trade practice” and “conflict of interest” in circumstances where an organization, whose board of management is comprised of individuals who are linked with a particular teaching institution, withhold “approval” from a rival teaching institution.

Also, by admitting applicants on the basis of their individual character, performance, skills and knowledge, the **A.H.A.** has never been exposed the legal, ethical and professional dangers that could have ensue from making a particular commercial teaching institution its **de facto** admission board.

It’s also clearly obvious that teaching institutions will always serve their students’ long-term professional needs far better, and be able to provide far better teaching if the institutions and their staff have no connexion of any kind with the administrative process of admission to any organization.

For those who wish to better understand the valuable concept of the four groups of **competencies** and **proficiencies** demanded of each candidate for admission to **Clinical Membership** of the **A.H.A.** (the “core”, “auxiliary”, “optional”, and “peripheral” competencies), the Venn-type diagrams that comprised the model originally submitted to the **A.H.A.** Executive in October 1994 have been included within the text of **Section B**.

These diagrams and the model they represented:

- a. **systematically categorized** the functions/tasks that were to be demanded of each candidate,
- b. **determined** the necessary kinds of knowledge/skills that were to be demanded of each candidate,
- c. **distinguished** those kinds of knowledge/skills from other “non-hypnotherapeutic” kinds,
- d. **identified** the required areas of competency that were to be demanded of each candidate, and
- e. **described** the minimum levels of proficiency that were to be demanded of each candidate,

Overall, I trust that this new, revised second edition will receive the same favourable response from the profession as did the first, and that students, teachers, supervisors, mentors and practitioners both in Australia and overseas will continue to find it a valuable source of professional guidance.

Lindsay B. Yeates,
Rose Bay, October, 1999.

N.B.: except when explicitly stated otherwise, all words within this work that denote the singular number also include the plural number (and vice versa).

A. Introduction

A.1. The Australian Hypnotherapists' Association (A.H.A.)...

The **Australian Hypnotherapists' Association** (the **A.H.A.**) was founded in 1949. It was the first Australian professional organization of its kind; and it is still, by far, the oldest Australian professional association currently serving the needs of clinical hypnotherapists.

In 1949 there were no formal courses in hypnotherapeutic studies of any kind available in Australia. Moreover, there were almost none available anywhere else in the world.

In order to remedy this absence of formal vocational training, and in order to facilitate their on-going professional development, to improve their qualification and to increase the status of their emerging profession, an active group of Melbourne professional hypnotherapists banded together to form the **Australian Hypnotherapists' Association**.

The principal reason for the formation of the **Australian Hypnotherapists' Association**, at this particular time, was to create a mechanism through which Australian professional hypnotherapists could discuss and study hypnosis, disseminate information about new developments in the field, conserve and transmit traditional approaches to hypnosis and hypno-therapy, share and examine their clinical experiences, investigate and assess the value of any new clinical applications for hypnosis that might become known, and offer each other peer-group support at a time when hypnosis itself was the object of much ill-informed and superstitious community prejudice — and, also, a time when clinical hypnotherapy was a far less acceptable form of therapy than it is today.

Membership of the **Australian Hypnotherapists' Association** was made available to those suitably qualified hypnotherapists who were of good character, who were psychologically suitable for hypnotherapeutic work, who were conducting an ethical practice, who had been in full-time practice for at least two years, and who were able to pass the Association's written, oral and practical examinations.

Within a short time professional hypnotherapists from all over Australia and New Zealand were members.

As the years went by, and as the hypnotherapeutic profession continued to grow and develop, and as the profession's status and level of community acceptance continued to increase, the Association's entry standards were also increasingly raised.

In 1956, in order to further serve the long-term interests of the developing profession, the Association created a new category of membership (“**Associate Member**”) to offer support and encouragement to emerging professional hypnotherapists who, although not yet qualified as **Clinical Members**, were currently working towards acquiring the levels of academic and clinical experience demanded for **Clinical Membership**.

The Association's **Clinical Members** have always taken great pride in passing on their knowledge, experience and expertise to **Associate Members** through their direct and indirect supervision, conducting workshops and teaching seminars and/or offering specific one-to-one teaching.

In 1995, the Association further expanded its range of membership to include the new category of **Student Member**, to serve the interests of those emerging professional hypnotherapists who were working towards acquiring the academic and clinical experience required for **Associate Membership**.

In its (almost) fifty years of existence not one member of the **A.H.A.** has ever been accused of malpractice or negligence, and no member has ever been sued by a client or a client's relative: a record of safety, efficacy and ethical professionalism that the **A.H.A.** is justly proud of.

A.2. Establishing the Specific Competencies and Proficiencies that are Required for Entry to the Australian Hypnotherapists' Association as a Clinical Member ...

In 1996, the **Australian Hypnotherapists' Association** took the radical step of publishing the formal, administrative expression of its technical criteria for eligibility for admission as a **Clinical Member**.

It is essential to understand that throughout its history, the **A.H.A.**'s admission criteria have always been expressed in terms of an applicant's **actual demonstrated clinical output**, specific character and acquired technical knowledge; i.e., in terms of his/her performance, rather than in terms of his/her **verified academic input** (i.e., his/her formal training).

The **initial purpose** of this innovative change was to describe the current standards for eligibility for admission as a **Clinical Member** of the **A.H.A.** in terms of performance criteria; and, in the process, establish, formalize and set up a mechanism for maintaining this simply understood, universally acceptable and completely objective set of performance criteria for admission to the **A.H.A.** as a **Clinical Member**.

It is also very important to recognize that, in the process of describing the **specific applications** of clinical hypnotherapy, these performance criteria also **clearly define** the **scope** and **range** of clinical hypnotherapy in a way that very emphatically stresses the **uniqueness** of hypnotherapy: rather than simply describing clinical hypnotherapy in terms of its **similarity to** (or its **differences from**) other therapeutic disciplines.

In order to measure this **performance**, a set of **systematic** and **unequivocal descriptions** of the required **behaviours** and expected **standards of performance** was created.

These descriptions also clearly specify precise guide-lines for the **competencies** and **proficiencies** each applicant had to possess in order to meet the **Australian Hypnotherapists' Association's** required minimum level of professional performance.

This was achieved by:

1. **systematically categorizing** the unique set of therapeutic functions and clinical tasks that a professional clinical hypnotherapist might routinely undertake in the course of his/her everyday work,

2. **determining** the kinds of knowledge and skills that are required to be able to undertake **those** specific functions and tasks,

3. **distinguishing** those kinds of knowledge/skills from the other kinds of knowledge/skills needed to undertake other apparently similar, but entirely “non-hypnotherapeutic” activities,

4. **identifying** the specific areas of professional hypnotherapeutic practice in which an applicant seeking admission as a **Clinical Member** will be required to demonstrate at least the specified minimum level of competency (as well as **identifying** other, equally important areas of professional hypnotherapeutic practice in which the applicant must also demonstrate that he/she **is not incompetent**), and

5. **describing** the minimum level of proficiency that is required for each of these specified competencies.

The **competencies** are the **elements** of each specific piece of skill/knowledge.

The **proficiencies** are the **standards of performance** required in both the **recital** of the data (or information) and the **practical application** of that specific knowledge (or information), especially in terms of the cognitive skills of thinking, judgement, understanding, generally innovating and “being able to think on one's feet”.

Precisely because they ask for specific “**demonstrated professional competence**” (rather than a certain “**specified academic excellence**”), these specified levels of **competence** and **proficiency** will be immediately understood by teachers and students; and, as a consequence, they will also greatly assist those who are undertaking their own self-directed study.

A.3. Future Development into an Accreditation System...

The descriptive system was intentionally constructed in such a way that the **precise performance criteria** it contained could then be expanded, at some later time, into an **A.H.A.-based** accreditation system that would provide all Australian professional clinical hypnotherapists with a long overdue, **stable mechanism** for the **peer group evaluation** of their **professional competence, performance and proficiency**.

A.4. The Convenience, Advantage and Utility of Specifying “Outcomes”...

This considered decision to begin to clearly specify particular **behaviours, proficiencies, competencies and performances** (rather than the Executive “**approving**” particular **syllabuses, courses, teachers or teaching institutions**) has the additional advantage of allowing the **A.H.A.** to treat those applicants who have gained their experience from individual, self-directed private study, “distance education” or on-the-job, apprentice-style training (or some mixture of these) **on an equal basis** with those applicants who have exclusively gained all of their knowledge from a process of formal training alone.

The decision to describe the **A.H.A.'s** membership criteria in terms of competency and proficiency also explicitly recognizes that, regardless of whatever else they may have in common, each and every Australian professional clinical hypnotherapist is a uniquely different individual who:

- a. requires an entirely different set of processes of formal, informal, and personal training to achieve the specified levels of competency and proficiency;

b. subscribes to an entirely different set of views of the nature of the appropriate model of health, illness and treatment in any given clinical situation;

c. has an entirely different set of clinical applications for his/her hypnotherapy; and

d. pursues an entirely different set of clinical and hypnotherapeutic goals.

This decision to specify desired “student behavioural outcomes” (i.e., rather than specifying particular numbers of teaching hours on particular specified topics) clearly allows teachers to teach from *their* perspective.

The decision also gives *those teachers* plenty of scope to respond to *their* individual students' needs; whilst still being able to ensure that *their* formal teaching contains sufficient “standard” material to allow *their* students to eventually meet all of the *A.H.A.'s* specified standards.

This will also encourage and foster the development of new and better teaching programmes.

Now that the *Australian Hypnotherapists' Association's* standards have been established, it is certain that future Australian hypnotherapy students will be exposed to a far better integrated body of hypnotherapeutic knowledge than ever before.

And, because their academic and practical studies will be based on a far better foundation, it is also entirely reasonable to expect a far better overall outcome in the Australian hypnotherapy profession in years to come.

As a further positive outcome, the decision to specify desired “behavioural outcomes” explicitly recognizes that there is much more to a suitably qualified professional than their academic performance; and, moreover, the refusal to “approve” courses. etc. means that a situation will never arise in which a particular academic institution becomes a *de facto* examiner for the Association.

It is also true that a decision to either “not approve” or “dis-approve” a particular training course or academic institution may make the Association extremely vulnerable to costly legal action.



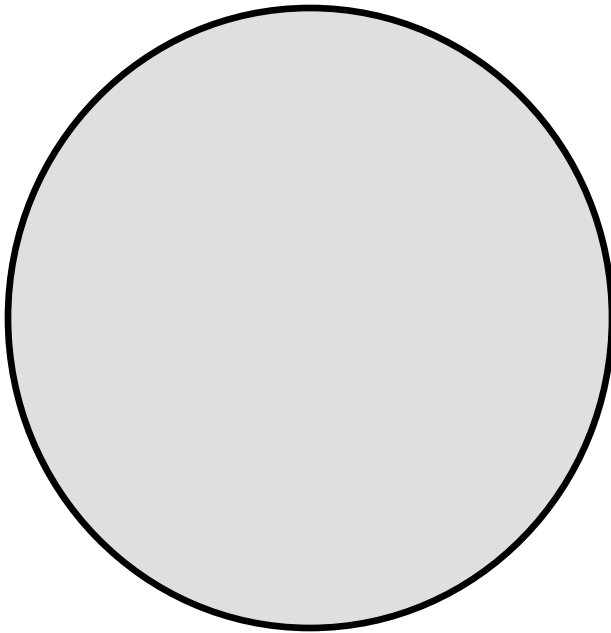
B. The Australian Hypnotherapists' Association's Performance, Competence and Proficiency Criteria for Eligibility for Admission as a “Clinical Member”

B.1. The Four Groups of Competencies and Proficiencies that are Required for Admission as a “Clinical Member”...

In order be able to:

- a. **systematically categorize** the functions/tasks,
- b. **determine** the necessary kinds of knowledge/skills,
- c. **distinguish** those kinds of knowledge/skills from other “non-hypnotherapeutic” kinds,
- d. **identify** the required areas of competency, and
- e. **describe** the minimum levels of proficiency demanded of each applicant for admission as a **Clinical Member**,

the A.H.A. created an explanatory model, comprised of a series of Venn-type diagrams (where the circle below represented the entire domain of **specific hypnotherapeutic knowledge** that a specialist professional hypnotherapist with 20 years' full-time clinical experience would, most likely, possess):

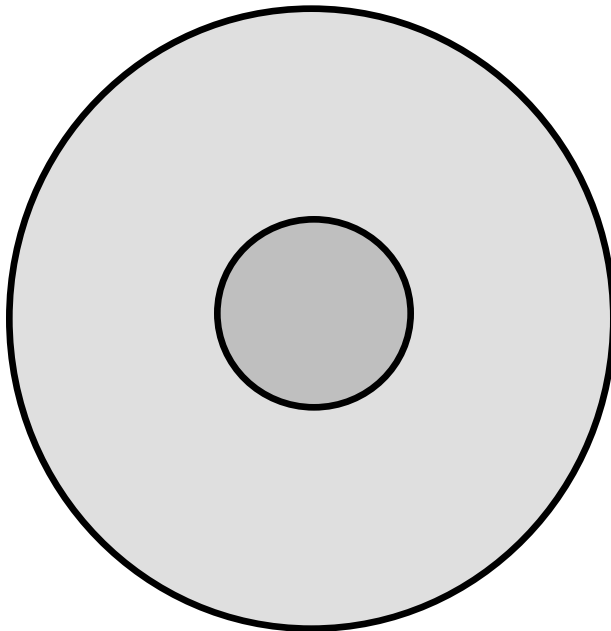


The explanatory model comprised of four separate groups of **competencies** and **proficiencies**:

- a. Core Competencies;
- b. Auxiliary Competencies;
- c. Optional Competencies; and
- d. Peripheral Competencies.

B.2. The Core Competencies...

The “**core competencies**” are the “**core skills**” and “**core knowledge**”.

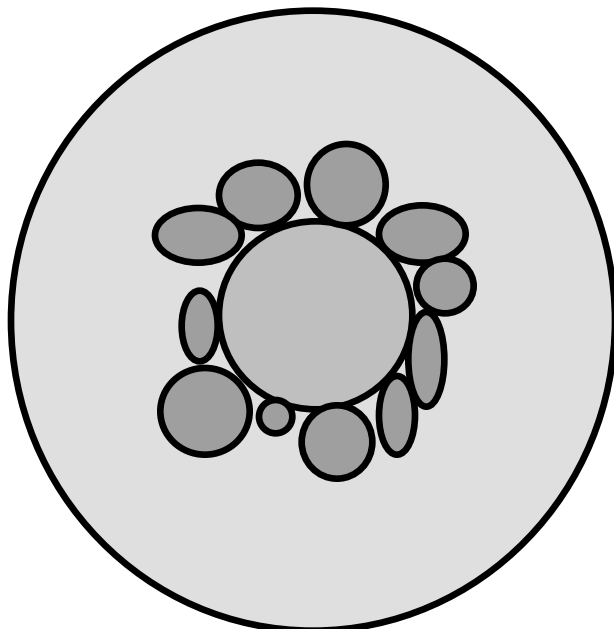


These are the competencies considered absolutely essential for the professional hypnotherapist, and which are universally demanded of all applicants.

Hypnotizing and de-hypnotizing are good examples of “**core competencies**”; a “capacity for independent, self-directed development” is another.

B.3. The Auxiliary Competencies...

The “**auxiliary competencies**” are the “**auxiliary skills**” and “**auxiliary knowledge**”.



[N.B. This diagram only shows eleven auxiliary competencies.]

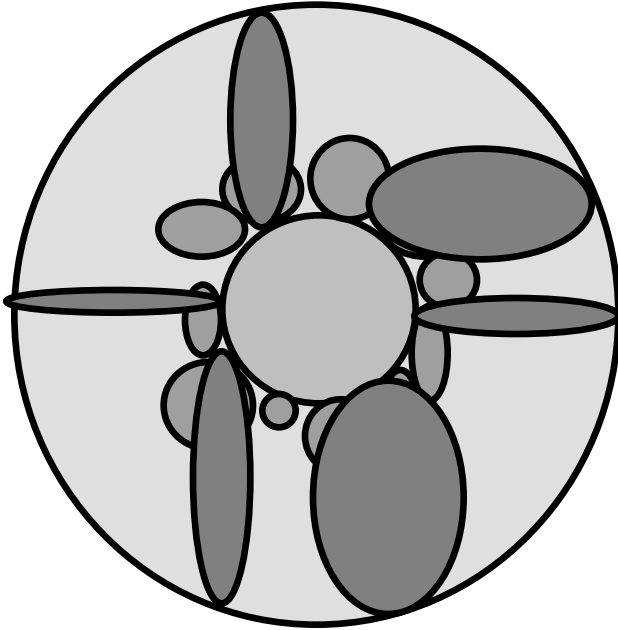
These are the competencies that are expected, rather than demanded, of all applicants.

Whilst each of these “**auxiliary competencies**” may well be **just as important** as the “**core competencies**” in the day-to-day work of a professional clinical hypnotherapist, they are considered to be somewhat **less significant** than the “**core competencies**”.

A capacity to elicit ideo-motor responses is a good example of an “**auxiliary competency**”.

B.4. The Optional Competencies...

The “**optional competencies**” are the “**optional skills**” and “**optional knowledge**”.



[N.B. This diagram only shows six optional competencies.]

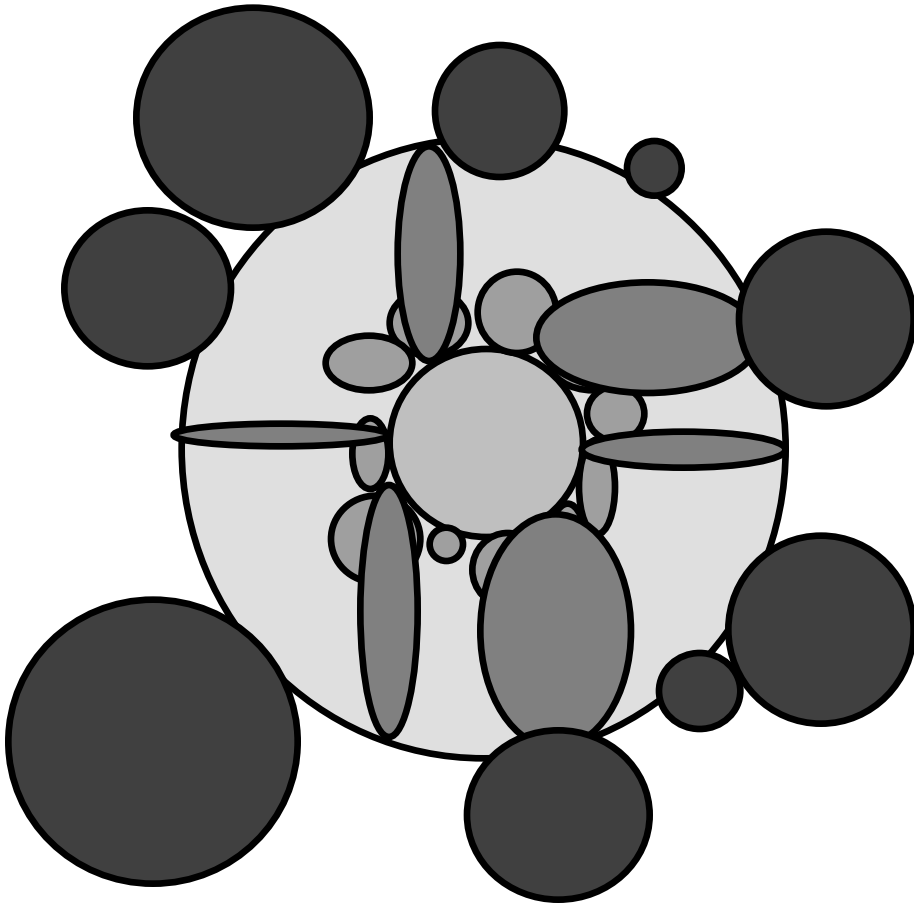
These are the competencies that are **not universally shared**; and, consequently, are not considered to be essential for all applicants.

The **A.H.A.** requires that each applicant has a **specified preponderance** of these “**optional competencies**” — currently three (3) of a designated set of seven (7).

The production of “automatic writing” and “positive hallucinations” are examples of the “**optional competencies**”.

B.5. The Peripheral Competencies...

The “**peripheral competencies**” are the “**peripheral skills**” and “**peripheral knowledge**” that are neither “**core competencies**” nor “**auxiliary competencies**”.



[N.B. This diagram only shows nine peripheral competencies.]

These are the competencies, skills and knowledge that are connected with **entire therapeutic systems** and are competencies/skills/knowledge which the **A.H.A.** (administratively) considers to be outside the domain of a specialist hypnotherapist's **specific hypnotherapeutic knowledge**.

Consequently, none of these “**peripheral competencies**” have any substantial place in the **A.H.A.**'s descriptive system: that is, other than being listed as additional, “**peripheral competencies**”.

It is also fundamentally important to clearly recognize that, although it may initially appear that some of these “**peripheral competencies**” are indeed “hypnotherapeutic”, a deeper examination will quickly reveal that they are only “hypnotherapeutic” to the degree to which they, themselves,

were derived from hypnotherapy in the first place.

It is also important to understand, however, that none of these these “**peripheral competencies**” are in any way **approved, disapproved, accepted or rejected** by the A.H.A. as appropriate forms of therapeutic practice.

And, moreover, whilst a particular “**peripheral competency**” may well reflect an applicant’s personal interest, and whilst it may also prove to be invaluable to the applicant in certain clinical circumstances, **the having (or not having) of one or more of these peripheral competencies has no direct bearing whatsoever on the matter of whether or not a given applicant is able to meet the A.H.A.’s specified standards of professional performance as a clinical hypnotherapist.**

So, regardless of how clinically useful they may otherwise be, any “**peripheral competencies**” will be **completely ignored** when assessing an applicant’s hypnotherapeutic competence and proficiency. Whilst not an exhaustive list, typical “**peripheral competencies**” are: Vitamin Therapy, Mesmer-ism, Reiki, Traditional Chinese Massage, “Aversion Therapy”, Rolfing, “Past Lives” Therapy, Homoeopathy, NLP (N.B. except where the NLP training has been very directly and very specifically hypnosis/hypnothera-py oriented), Gestalt Therapy, Acupuncture, Psychoanalysis, Jungian Analysis, “Rebirthing”, Transactional Analysis, Dream Therapy, the Eye Movement Desensitization and Re-processing (EMD/R) procedure, etc.

B.6. Non-Hypnotherapeutic “Relevant Basic General Knowledge”...

In addition to its specified **competencies** and **proficiencies** required for admission as a **Clinical Member**, the A.H.A. also requires that each applicant acquires certain “Relevant Basic General Knowledge” in the form of an appropriate level of basic general knowledge in the areas of counselling skills, medical terminology, basic psychological processes, psycho-pharmacology, and human sexuality.

B.7. Indication of the Range and Level of Knowledge Required...

The Executive of the A.H.A. has always recognized that:

- a. no two students have the same life experience;
- b. no two students learn in the same way;

- c. no two teachers have the same clinical experience, the same clinical outlook or the same “mind-set”; and
- d. no two hours of training are identical.

However, from the fact that an overall “400 (one-class-weekly) hours of formal training” rule-of-thumb has been applied by a selection of Australian professional associations over a wide range of professional pursuits, the A.H.A. is able to offer applicants for **Clinical** membership the following **general description** in order to provide them with some sort of an **overall indication** of the level of **hypnosis/hypnotism/hypnotherapy-specific “academic input”** that is considered, by the A.H.A., to be generally necessary for any given individual to be able to gain the required range and level of hypnotherapeutic knowledge:

Although no specific demand is made regarding professional training course **entry levels**, **course duration** and/or the **processes involved** in the course/courses' delivery (viz. the verified scholastic/academic “**input**”) — i.e., no specific demand is made regarding the **number of hours** of training, the **processes involved** in that training, the **topics** that should be covered, the **depth of information** that should be delivered, or the **techniques** that should be taught in any formal course of study (or in respect of any individual, self-directed private study, or any “distance education” and/or any on-the-job, apprentice-style training) — it is generally anticipated that, as a “rule-of-thumb”, the average applicant for admission as a **Clinical Member** will normally need to undertake **the equivalent of approximately 400 hours** of “**one-class-weekly**” formal training in the theory, practice and clinical applications of hypnosis, hypnotism and hypnotherapy in order to acquire the desired level of **competency** and **proficiency** (viz., the demonstrated performance “**output**”) as a clinical hypnotherapist: and that this **400 (one-class-weekly) hours' equivalent of formal training** would normally be comprised of an appropriate mixture of theoretical, experiential and practical study of hypnosis, hypnotism and clinical hypnotherapy.

N.B. Whilst the “**400 hours** of “**one-class-weekly**” formal training equivalent” guide-lines **specifically include** appropriate, course-relevant, “in-course-time supervised practice”, the guide-lines very **specifically exclude** any additional, unsupervised “out-of-course-time” training or practice (either conducted individually or in “study groups”) from this calculation.

Similarly, as a “rule-of-thumb”, the **Australian Hypnotherapists’ Association** considers the number of “**one-class-weekly-equivalent**” hours of formal training that is needed to acquire the desired level of “relevant basic general knowledge”:

- a. in the area of basic psychological processes is 30 hours,
- b. in the area of medical terminology is 40 hours,
- c. in the area of psychopharmacology is 6 hours,
- d. in the area of human sexuality (and related counselling skills) is 30 hours, and
- e. in the area of basic counselling skills is 60 hours.

B.8. Description of the Specific Competencies and the Minimum Levels of Proficiency that are Required for Entry as a Clinical Member...

Note: In the table below:

- “**Comp. Code**” (“*Competency Code*”) specifies the particular competency’s “group” as follows:
 - 1. = *Relevant Basic General Knowledge;*
 - 2. = *Core Competencies;*
 - 3. = *Auxiliary Competencies;*
 - 4. = *Optional Competencies; and*
 - 5. = *Peripheral Competencies (Therapies).*
- **M.A.P.** (“*Minimum Acceptable Proficiency*”) specifies the minimum acceptable proficiency for each specific competency, and it expresses that minimum acceptable proficiency as a value on a continuum that runs from 1 to 10. [N.B. 10 is the maximum possible proficiency.]

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
1	Hypnosis, hypnotism and hypnotherapy: theory, practice and clinical applications.	N/A	Approx. 400 hours of training is needed to meet this requirement.
1	Medical Terminology: basic anatomy and physiology, and basic medical nomenclature.	N/A	Approx. 40 hrs of training is needed to meet this requirement.

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
1	<p>Basic Psychological Processes.</p> <p><i>N.B. The intention of this requirement is not to train applicants in “psychology”. It’s overall purpose is to equip them with a basic and general understanding of:</i></p> <p><i>(a) the fundamental “models” and nosological categories of psychology,</i></p> <p><i>(b) the meaning of basic psychological terminology, and</i></p> <p><i>(c) when to refer their Clients elsewhere.</i></p>	N/A	Approx. 30 hours of training is needed to meet this requirement.
1	<p>Human sexuality (and related counselling skills).</p>	N/A	Approx. 30 hours of training is needed to meet this requirement.
1	<p>Basic counselling skills.</p> <p><i>N.B. The intention of this requirement is not to train applicants to be “counsellors”. It’s major purpose is to equip these future professional “talking therapists” with essential “listening skills”; in particular, providing them with a basic, general understanding of the issues involved in (and the personal skills necessary for) obtaining accurate, useful and relevant information from their clients, including:</i></p> <p><i>(a) effective therapist-client communication (and other relevant psycho-social skills),</i></p> <p><i>(b) interactive skills, such as asking (open and closed) questions, conversational interference, interpretation, direction, interruption, advice, self-disclosure, feedback, paraphrasing, reflecting, non-verbal communication, encouraging and facilitating client involvement in decision making, etc.,</i></p> <p><i>(c) how to conduct an interview, and</i></p> <p><i>(d) how to compile, construct and/or present the report of an interview.</i></p>	N/A	Approx. 60 hrs of training is needed to meet this requirement.

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
1	<p>Psychopharmacology.</p> <p><i>N.B. The intention of this requirement is not to train applicants in “pharmacy”, “pharmacology”, or “psychopharmacology” .</i></p> <p><i>It’s overall purpose is to equip them with a basic and general understanding of:</i></p> <p><i>(a) a “drug” as a specific chemical substance, in a specific dose, that is administered in a specific way, with a specific intention,</i></p> <p><i>(b) the fundamental “models” used to describe the action of “drug” substances on the perceptions of the human mind, and</i></p> <p><i>(c) the physiological and attitudinal changes which can result from the ingestion of prescribed and/or self-administered “drugs”.</i></p>	N/A	Approx. 6 hrs of training is needed to meet this requirement.
2	A capacity for independent, self-directed development; a capacity for and an intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.	10	
2	A variety of “susceptibility techniques”/ “susceptibility tests”/“trance ratification” techniques.	10	Be able to use 5 different types of “test”; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of “test”.
2	A variety of induction techniques.	10	Be able to use 5 different types of induction technique; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of induction technique.
2	A variety of deepening techniques.	10	Be able to use 5 different types of deepening technique; be able to adapt each to suit individual circumstances; know the indications and contra-indications

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	A variety of maintenance techniques.	10	for each of the 5 different types of deepening technique. Be able to use 5 different types of maintenance technique; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of maintenance technique.
2	An understanding of how to answering clients' questions, and deal with client "objections".	6	
2	An understanding of the principles of de-hypnotizing.	10	Be able to adapt the de-hypnotizing process to meet specific individual circumstances. Understanding the importance of removing those suggestions that are no longer necessary (that have been made during the hypnotherapeutic process).
2	An understanding of the principles of de-hypnotizing a client who is either reluctant or who is refusing to be de-hypnotized.	10	Be able to discuss the most common reasons for this reluctance/refusal. Applicants must be able to demonstrate their control of strategies that would be appropriate for each set of circumstances.
2	Auto-suggestions (and so-called "affirmations"), and the creation of appropriate auto-suggestions.	7	
2	Awareness of the clinical limitations of hypnotherapy.	10	
2	Awareness of all circumstances (clinical and otherwise) that contra-indicate hypnotherapy. <i>N.B. allowance will be made for individual opinion in areas that are subject to "controversy" (e.g. the use of hypnosis/hypnotherapy in clinical depression).</i>	10	Be able to list/recite these.

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	Awareness and understanding of the issues involved with creating a therapeutic programme: the capacity to identify hypnotherapeutic solutions to clients' problems, and independently plan, design and formulate an effective course of hypnotherapeutic treatment (taking special notice of the applicant's current limitations as a clinical hypnotherapist).	10	Applicants must be able to demonstrate a capacity to flexibly respond to a range of clinical circumstances with the inventory of hypnotic techniques and therapeutic procedures that are currently at their disposal.
2	Basic understanding of the concepts of “age regression” and “age progression” and their appropriate clinical applications.	6	Be able to produce both “age regression” and “age progression” and adapt each to suit specific circumstances; know the indications/contraindications for “regression” and “progression”; be able to discuss at some length the problems of “pseudo-memories” and “confabulation”; have a clear understanding of the need for a hypnotherapist's directions to be “100% neutral”; be able to discuss the social/clinical issues raised by so-called “false memory syndrome”, and so-called “repressed memory therapy” (and the issues of those who find a need to seek to have that sort of therapy).
2	Capacity to describe “standard” hypnotic phenomena: abreaction, age progression, age regression, amnesia, analgesia/anaesthesia, animal magnetism, automatic writing, catalepsy, catharsis, deepening of hypnosis (including ideas of “depth of hypnosis” and “hypnotic depth scales”), dissociation, “fractionation”, glove anaesthesia, hyperaesthesia, hypermnesia, ideo-motor responses, imagery/“visualization”, mesmerism, placebo response, positive and negative hallucination, post-hypnotic responses, re-vivification, somnambulism, source amnesia, suggestibility, suggestion, time distortion, trance logic, waking hypnosis.	8	Applicants must be able to give a brief verbal description of each.

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	Capacity to efficiently adapt published “scripts” from text books, journal articles etc. to one’s own way of working, one’s own vocabulary and one’s own way of speaking.	6	
2	Clear understanding that the “hypnotic state” does not, in and of itself, generally constitute a form of “therapy”.	10	
2	Client confidentiality.	10	
2	Client expectation.	8	Includes the use of “trance ratification” procedures.
2	Creating and preparing “scripts” and “therapeutic monologues”.	6	
2	Dealing with catharsis and/or spontaneous abreaction, revivification and/or regression.	10	
2	Differences between so-called “permissive” and “authoritarian” styles of hypnosis and/or hypnotherapy.	10	
2	Ethics.	10	
2	Explaining the considerable differences between clinical hypnotherapy and stage hypnosis to clients.	10	
2	Informed Consent: the legal concept and its practical implications.	10	
2	Legal obligations.	10	
2	Professional conduct.	10	
2	Professional image.	10	
2	Referrals: understanding when to refer a client to another therapist (and knowing how to go about that referral process in a professional and productive way).	10	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	Self-hypnosis for the client: “self-induced hypnosis”; self-hypnosis as an integral part of the therapeutic programme; establishing “triggers” for on-going relaxation.	10	
2	Self-hypnosis for the therapist.	10	
2	Suggestion: “prestige suggestion”; direct and indirect hypnotic suggestions; “definiteness” vs. “ambiguity” in suggestion; heterosuggestion and auto-suggestion.	7	
2	Teaching classes in relaxation and/or self-hypnosis.	5	
2	Teaching self-hypnosis to individual clients.	10	
2	The hypnotherapist reporting on his/her work.	6	
2	The initial “pre-hypnotic” interview: asking relevant questions; taking a comprehensive case history.	10	
2	The phenomena of confabulation, manufactured memory, and pseudo-memory — and the consequences of the condition known as pseudologia fantastica — and the range of issues they raise in therapy.	10	
2	The problems with using “standardized suggestions”: and how precisely the same “standard suggestion” will be interpreted very differently by each different subject.	10	
2	Therapist Expectation: an awareness of the influence of <i>therapist expectation</i> on the outcome of therapy.	10	
2	Understanding (and successfully arguing against) the attitudes of various fanatical and/or dogmatic/fundamentalist religious groups towards hypnosis/hypnotherapy; especially stressing the lack of substance and the absence of textual foundation for the ill-informed objections of certain dogmatic/fundamentalist religious groups.	8	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	Understanding the considerable differences between hypnotists (<i>operators of “hypnosis”</i>) - and hypnotherapists (<i>who use “hypnosis” to facilitate their therapeutic work</i>).	10	
2	Understanding the considerable differences between the nature, form and application of post-hypnotic influences (<i>viz. suggestions that are given in hypnosis for post-hypnotic responses</i>).and post-hypnotic suggestions (<i>viz. suggestions that are given to a client immediately subsequent to hypnosis</i>).	6	
2	Understanding when to refer a client to another therapist (and knowing how to go about that referral process in a professional and productive way).	10	
2	Ways of introducing hypnosis and explaining hypnotherapy to one's clients.	10	
2	What to do when the client falls asleep during hypnotherapy.	10	
3	“Analytical” hypnotherapy: “uncovering” techniques; an understanding of the arguments both for and against the use of “analytical” forms of hypnotherapy; the indications and contra-indications for “analytical”-type hypnotherapy.	8	Applicants must demonstrate a capacity to use “uncovering techniques”; and demonstrate an ability to implement at least one “analytical” form of hypnotherapy (e.g., that of Araoz, Barnett, Boyne, Elman, Erickson, Hartland/Waxman, Karle & Boys, Watkins, Yapko, etc)
3	Dealing with “blocks” and/or “resistance”.	5	
3	Dealing with cancelled appointments.	4	
3	Dealing with clients that do not complete a "course of treatment".	4	
3	Dealing with negative self-talk: motivation and “ego strengthening” vs. “analytical” therapy.	4	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
3	“Depth of hypnosis”/“hypnotic depth scales”	4	
3	Eclecticism: adapting techniques/procedures to individual/specific circumstances.	5	
3	”Gains”: “Primary” and “Secondary” “Gains” and their effects on therapeutic outcome.	10	
3	General knowledge of the history of hypnosis and hypnotherapy. Difference between hypnosis and mesmerism. Brief understanding of various models/explanations of hypnosis.	4	
3	How long is a session; and how many sessions constitute a course of treatment?	5	
3	Ideo-motor responses: standard ideo-motor signals; setting up/inducing standard ideo-motor signals; the monitoring of ideo-motor responses; so-called “ideo-motor questioning; the use of autoscopes; and the use of ideo-motor responses in therapy.	8	
3	Imagery (or so-called “visualization”): the theoretical/practical differences/distinctions between the applications and usages of “suggestions” and “imagery”. When to use suggestion; when to use imagery. Using imagery and suggestion synergistically.	8	
3	Keeping clinical records.	10	
3	Knowledge of the rationale behind so-called “aversion therapy”, and its historical relationship with a number of “conventional” hypnotherapeutic approaches.	4	
3	Pain control: approaches to pain control; analgesia/anaesthesia; a general knowledge of “standard” pain control techniques and procedures (e.g. “glove anaesthesia”).	6	
3	Recognition of the “pathological slant” of most standard hypnotherapeutic terminology; how they are historical remnants of the now obsolete view that hypnosis is either a	4	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
	<p>symptom of a serious neurological disease or an index of a “weak mind”, and how their constant use affects the mind-set of the therapist: e.g. using “amnesia” for “selective forgetting”, “hallucination” for “imagining”, “susceptibility” for “capability”/“responsiveness”, “suggestible” for “more decisive”, “trance” for “altered awareness”, etc. as well as concepts of “depth” of hypnosis/“hypnotic depth scales” (which were derived from anaesthetic “depth” scales).</p>		
3	<p>“Reluctance”: Understanding the differences between a “reluctant” client and a “resistant” client; dealing with the “reluctant” client; determining the appropriateness of any sort of hypnotherapeutic interaction with “reluctant” clients in general, and individual “reluctant” clients in particular.</p>	10	
3	<p>“Resistance”: An understanding of the nature and the influence of “client resistance”: active resistance, conscious resistance, passive resistance, unconscious resistance, and so-called “client non-compliance”.</p>	10	
3	<p>Techniques for “symptom removal” and “symptom substitution”.</p>	6	<p>Must have an awareness of the arguments for and against “symptom removal/substitution”.</p>
3	<p>Techniques for children.</p>	8	
3	<p>The ability to be able to learn from the issues we discover in our therapy; how to use this knowledge to equip our clients far better in terms of optimism, independence, self-efficacy and resilience.</p>	10	
3	<p>The notion that all humans already have sufficient natural resources within them to be able to produce the required changes; and, from this, each individual has an equal potential for illness and for health.</p>	10	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
3	The problem of reification, and the issues it raises in therapy.	4	
3	The value of so-called “ego-strengthening” as a therapeutic tool.	10	
3	“Triggers”: Establishing “triggers” for the re-induction of hypnosis.	4	
3	What is “rapport”? What is the significance of “rapport”?	10	
4	Apparatus induced hypnosis: metronome; spirals; pendulum; “hypnotic pill”; grandfather clock; egg timer, etc.	8	
4	<p>Imagery (“visualization”): theoretical/practical distinctions between the application/uses of “suggestions”, “imagery”, and so-called “visualization”.</p> <p>How none of the imagery contained in any book will ever be specifically appropriate for any particular client.</p> <p>Knowing when to use suggestion and when to use imagery, how to use imagery and suggestion synergistically; how to create and apply productive imagery; how to create imagery that is appropriate and comfortable for each specific client.</p> <p>Understanding the issue of inappropriate imagery (e.g. the aggressive, belligerent imagery of the Simonton's vs. the cooperative, conciliatory and far more natural imagery recommended by Siegel).</p>	8	
4	Metaphor: the basic need for the use of metaphor, the construction of metaphors, the intentional use of metaphor and fantasy as a form of suggestion, using metaphors to make a point.	8	
4	Tapes: Hypnotherapy and the use of tapes, preparing and recording tapes, combining hypnotherapy and tapes, preparing the client for tape use.	3	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
4	The question of whether or not the use of hypnotherapy, self-hypnosis and/or mental imagery is appropriate for a particular client with a life-threatening condition (especially cancer).	8	
4	Understanding the phenomena and the production of “positive” and “negative hallucinations”.	3	
4	Use of Automatic Writing as a therapeutic tool.	2	
4	Using hypnotherapy, self-hypnosis and/or mental imagery in the treatment of life-threatening conditions (especially cancer): both as individual treatments in their own right and as integrated adjunctive therapies (preparatory, supplementary and/or supportive) to other forms of health-care (especially in both “ <i>treatable</i> ” and “ <i>untreatable, terminal and hopeless</i> ” cases of cancer).	8	
5	Acupuncture.	N/A	The knowledge of this therapeutic approach/modality has no direct bearing on a applicant’s competency as a clinical hypnotherapist. It is, therefore, irrelevant; and it must be <i>ignored</i> in the assessment of his/her competency.
5	“Aversion Therapy”.	N/A	ditto
5	Dream Therapy/Dream Analysis.	N/A	ditto
5	Eye Movement Desensitization and Reprocessing (EMD/R) procedure.	N/A	ditto
5	Gestalt Therapy.	N/A	ditto
5	Homoeopathy.	N/A	ditto
5	Jungian Analysis.	N/A	ditto

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
5	Mesmerism.	N/A	ditto
5	N.L.P. <i>N.B. Except where the particular NLP training in question has been very directly and very specifically hypnosis/hypnotherapy oriented.</i> <i>It shall be incumbent upon the applicant concerned to support his/her claim that the particular "NLP training" in question was, in fact, very directly and specifically hypnosis/hypnotherapy oriented.</i>	N/A	ditto
5	"Past Lives" Therapy.	N/A	ditto
5	Psychoanalysis.	N/A	ditto
5	Reiki.	N/A	ditto
5	"Rebirthing".	N/A	ditto
5	Rolfing.	N/A	ditto
5	Traditional Chinese Massage.	N/A	ditto
5	Transactional Analysis.	N/A	ditto
5	Vitamin Therapy.	N/A	ditto



C. Additional Criteria for Eligibility for “Clinical Membership”

C.1. Minimum Age Requirement for Admission as a “Clinical Member”...

Every applicant for admission as a **Clinical Member** must have attained at least twenty-one (21) years of age at the time of lodging their application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for Clinical Membership from an otherwise suitably qualified applicant who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

C.2. All Applications for Admission as a “Clinical Member” must be Complete...

No application for admission as a **Clinical Member** will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a **complete** application; viz., that it:

- a. has been made in the **form** and the **manner** that has been prescribed by the Executive;
- b. supplies all the information that is required by the Executive and/or the Accreditation Board;
- c. includes all the undertakings in relation to future conduct that are required by the Executive;
- d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive and/or the Accreditation Board; and
- e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for admission as a Clinical Member the **onus probandi** (“burden of proof”) shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his/her statements, assertions and claims whenever and if ever he/she is required to do so by the Executive and/or the Accreditation Board.

C.3. Examinations for Admission as a “Clinical Member”...

In addition to having met all of the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive and/or the Accreditation Board that he/she is a “full-time” hypnotherapist (viz. that his/her *major occupation* is **Clinical Hypnotherapist** and that his/her *principal modality* within that occupation is **hypnotherapy**), every applicant for admission as a **Clinical Member** must also satisfy the Accreditation Board's Examiners that he/she has attained at least the specified minimum level of competency and proficiency (as described in **Sections B.1. to B.8.**).

This is demonstrated by the applicant's performance in a series of oral, written and practical examinations that have been set by the Executive, the Standards Committee and/or the Accreditation Board.

As a routine part of the examination process, each applicant is also required to present two different case studies (in the precise form specified by the Executive, the Standards Committee and/or the Accreditation Board) that have been taken from his/her actual clinical practice, and he/she must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he or she is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, every applicant for **Clinical Membership** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the standard appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every applicant for **Clinical Membership** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the applicant will need to be able to satisfy the Executive that he/she is an appropriate person to be admitted to **Clinical Membership**. The Executive's recommendation will be final.

Furthermore, for the applicant to be admitted to **Clinical Membership** of the **A.H.A.**, the Executive must be thoroughly satisfied that he/she is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.

All tests, appraisals and examinations for admission to membership as a **Clinical Member** of the **A.H.A.** will be conducted in the English language.

Admission to membership as a **Clinical Member** is awarded on the specific recommendation of the Accreditation Board's Examiners (or their designated representatives) which will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

N.B.: Except where the Executive has otherwise specified, any applicant who fails in his/her examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since the notification of that failure.

In the case of a rejected application, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are **obligated, obliged or required** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., that he/she must acquire, or any remedial training that he/she might require (other than, perhaps, recommending that he/she needs comprehensive retraining "from the ground up") to allow him/her to become an acceptable standard.

C.4. Requirements for Raising Membership Status from "Associate" to "Clinical Member" ...

In addition to having met all of the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive and/or the Accreditation Board that he/she is a "full-time" hypnotherapist (viz. that his/her **major occupation** is **Clinical Hypnotherapist** and that his/her **principal modality** within that occupation is **hypnotherapy**), every **Associate Member** who applies to have his/her membership status raised to that of **Clinical Member** must also satisfy the Accreditation Board's Examiners that he/she has attained at least the specified minimum level of competency and proficiency (as described in **Sections B.1. to B.8.**).

N.B.: If an Associate Member is applying to have his/her membership status raised to that of Clinical Member within five (5) years of his/her acceptance as an Associate Member, the "specified minimum level of competency and proficiency" in his/her particular case will be the

academic, competency and proficiency, and practical requirements that were specified for entry as a Clinical Member at the time of his/her successful application for Associate membership.

This is demonstrated by the applicant's performance in a series of oral, written and practical examinations that have been set by the Executive, the Standards Committee and/or the Accreditation Board.

As a routine part of the examination process, each applicant is also required to present two different case studies (in the precise form specified by the Executive, the Standards Committee and/or the Accreditation Board) that have been taken from his/her actual clinical practice, and he/she must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he or she is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, every **Associate Member** who applies to have his/her membership status raised to that of **Clinical Member** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

All tests, appraisals and examinations for raising an **Associate Member's** status to that of **Clinical Member** will be conducted in the English language.

The change of membership status from that of **Associate Member** to that of **Clinical Member** is awarded on the specific recommendation of the Accreditation Board's Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

N.B.: Except where the Executive has otherwise specified, any applicant who fails in his/her examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since the notification of that failure.

Once again, in the case of a rejected application, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are **obligated**, **obliged** or **required** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he or she must acquire,

or any remedial training he/she might require to allow him/her to raise his/her status from that of an **Associate Member** to that of a **Clinical Member**.

C.5. “Clinical Membership” is not an Automatic Entitlement...

Clinical Membership of the A.H.A. is not something that is just **automatically** bestowed upon an individual simply by virtue of the fact that he or she meets the stated academic and practical experience conditions for **Clinical Membership** (as described in **Sections B.1. to B.8.**).

Clinical Membership is something that is awarded entirely at the discretion of the Executive of the **Australian Hypnotherapists’ Association**.

In exercising this discretion, the Executive of the A.H.A. may refuse to accept any application for membership from any individual and/or may refuse to admit any applicant to membership without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all members are on probation for the first twelve (12) months of their Clinical Membership.

C.6. Description of a Suitable Applicant for Admission as a “Clinical Member”...

Regardless of his/her level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no applicant for admission as a **Clinical Member** will be accepted by the **Australian Hypnotherapists’ Association** unless the Executive is completely satisfied that the applicant:

1. Has attained at least twenty-one (21) years of age (see **Section C.1.**).
2. Is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.
3. Is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists’ Association**.
4. Has agreed to be bound by the **Australian Hypnotherapists’ Association’s** Code of Ethics in his/her hypnotherapeutic practice.

5. (Regardless of whether a Government-registered Health-Care professional, a “theologically trained person”, or not), has been recently psychologically appraised by an independent clinical psychologist; and **that** appraisal has indicated that he/she is a fit and proper person to practise hypnotherapy.

6. Has not had his/her fitness to efficiently practise as a professional hypnotherapist impaired in any way by reason of infirmity, illness, or injury.

7. Is currently a “full-time”, professional clinical hypnotherapist (viz. the **major occupation** is **Clinical Hypnotherapist** and the **principal modality** within that occupation is **hypnotherapy**); and has been so for at least the preceding two (2) years.

8. (From Hippocrates' aphorism, “*Practise two things in your dealings with disease: either help or do not harm the patient*”) **irrespective of his/ her level of hypnotherapeutic skills, the applicant will cause no harm.**

9. Is aware of how to deal with both spontaneous regression and abreaction.

10. Is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypnotherapy.

11. Is well aware of his/her current limitations as a clinical hypno-therapist.

12. (Taking special notice of these current limitations as a clinical hypnotherapist) has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

13. Understands when to refer a client to another therapist, and knows how to go about that referral process in a professional and productive way.

14. Has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

15. Has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

16. Is currently maintaining (or currently has access to) and is currently using an adequate professional library.

17. Has agreed to undertake at least 20 hours of approved “Continuing Professional Education” per annum.

C.7. The Australian Hypnotherapists' Association Entry Criteria for Membership as a “Clinical Member”...

The conditions for admission to membership of the *A.H.A.* as a *Clinical Member* currently require that each applicant must have:

1. Attained at least twenty-one (21) years of age (see *Section C.1*).
2. Thoroughly satisfied the Executive of the *Australian Hypnotherapists' Association* that he/she is of good fame, reputation and character.
3. Thoroughly satisfied the Executive that he/she is in all respects likely to be accepted without reservation by the members of the *Australian Hypnotherapists' Association*.
4. Agreed to be bound by the *Australian Hypnotherapists' Association's* Code of Ethics in his/her hypnotherapeutic practice.
5. Had his/her psychological fitness to practise as a hypnotherapist examined and attested.
6. Satisfied the *A.H.A.* Executive that his/her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.
7. Satisfied the *A.H.A.* Executive that his/her major current occupation is *Clinical Hypnotherapist*, that his/her principal modality within that occupation is *hypnotherapy*, and that he/she has been so employed for at least two (2) years immediately prior to lodging his/her application for acceptance as a *Clinical Member*.
8. (Subsequent to having acquired, at least, the minimum “academic input” requirements for Associate membership [as specified in *Section D.6.*]) had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his/her application.
9. Had the *equivalent* of at least 400 hours of “*one-class-weekly*” formal training in clinical hypnotherapy prior to lodging the application (see *Section B.7.*).

10. Had the **equivalent** of at least 166 hours of “**one-class-weekly**” formal training in a number of specified areas of general knowledge prior to lodging the application (see **Section B.7.**).

11. (When lodging the application) agreed that, in the event of his/her application being rejected, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are in any way **obligated, obliged** or **required** to provide any sort of advice in respect of any additional data, skills, knowledge, procedures, etc. that he/she must acquire, or any remedial training that he/she might require to allow him/her to become an acceptable standard (see **Section C.2.c.**).

12. (When lodging the application) acknowledged that the Executive of the **A.H.A.** may refuse to accept his/her application for membership or may refuse to admit him/her to membership without it being required to provide any reason or explanation for its actions (see **Section C.2.c.**).

13. Demonstrated to the Accreditation Board's Examiners' satisfaction, through his/her performance in a series of oral, written and practical examinations (including the presentation of two case studies), that he/she has attained at least the **Australian Hypnotherapists' Association's** specified minimum level of competency and proficiency for **Clinical Members** (as described in **Sections B.1. to B.8.**).

14. Been accredited by the **Australian Hypnotherapists' Accreditation Board.**

15. Agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

16. Satisfied the **A.H.A.** Executive's current specifications with respect to having **Malpractice Liability Insurance** that specifically covers his/her delivery of hypnosis and hypnotherapy.

17. Satisfied the **A.H.A.** Executive's current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

* * * * *

D. The Australian Hypnotherapists' Association's Performance, Competence and Proficiency Criteria for Eligibility for Admission as an "Associate Member"

D.1. The "Associate Member" Category of Membership...

The purpose of this membership category is to serve the interests of those who fully intend to become *Clinical Members* of the A.H.A., and who are also currently engaged in a programme of study that will ultimately enable them to acquire all of the stated academic and practical experience conditions required for *Clinical* membership.

D.2. Two Groups of Competencies and Proficiencies for Associate Members...

In order to *systematically categorize* the functions/tasks, to *determine* the kinds of knowledge/skills, to *distinguish* those kinds of knowledge/skills from other "non-hypnotherapeutic" kinds, to *identify* the necessary areas of competency, and to *describe* the minimum level of proficiency required from each applicant for *Associate* membership, the A.H.A. has adapted the "four group" explanatory model that was created for *Clinical Members* (q.v. Section B.1) to one of two separate groups of *competencies* and *proficiencies*:

- a. Core Competencies; and
- b. Auxiliary Competencies.

D.3. The Core Competencies...

As with the "*Clinical Member*" model, the "*core competencies*" are the "*core skills*" and "*core knowledge*" that are considered absolutely essential for the emerging professional hypnotherapist, and which are universally demanded of all applicants for *Associate* membership (q.v. Section B.2).

D.4. The Auxiliary Competencies...

As with the "*Clinical Member*" model, the "*auxiliary competencies*" are the "*auxiliary skills*" and "*auxiliary knowledge*" that is expected, rather than demanded, of each applicant (q.v. Section B.3).

D.5. The "Relevant Basic General Knowledge" Required of Associate Members...

In addition to its specified *competencies* and *proficiencies*, the A.H.A. also requires that each applicant for *Associate* membership gains specific "Rele-

vant Basic General Knowledge” in the form of an appropriate level of basic general knowledge in the areas of basic psychological processes and psychopharmacology.

D.6. Range and Level of Knowledge Required of Associate Members...

The Executive of the A.H.A. has always recognized that:

- a. no two students have the same life experience;
- b. no two students learn in the same way;
- c. no two teachers have the same clinical experience, the same clinical outlook or the same “mind-set”; and
- d. no two hours of training are identical.

However, the A.H.A. is able to offer applicants for *Associate* membership the following *general description* in order to provide them with some sort of an *overall indication* of the level of *hypnosis/hypnotism/hypnotherapy-specific “academic input”* that is considered, by the A.H.A., to be generally necessary for any given individual to be able to gain the required range and level of hypnotherapeutic knowledge:

Although no specific demand is made regarding professional training course *entry levels, course duration* and/or the *processes involved* in the course/courses' delivery (viz., the verified scholastic/academic “*input*”) — i.e., no specific demand is made regarding the *number of hours* of training, the *processes involved* in that training, the *topics* that should be covered, the *depth of information* that should be delivered, or the *techniques* that should be taught in any formal course of study (or in respect of any individual, self-directed private study, or any “distance education” and/or any on-the-job, apprentice-style training) — it is generally anticipated that, as a “rule-of-thumb”, the average applicant for *Associate* membership will normally need to undertake *the equivalent of approximately 100 hours* of “*one-class-weekly*” formal training in the theory, practice and clinical applications of hypnosis, hypnotism and hypnotherapy in order to acquire the desired level of *competency* and *proficiency* (viz., the demonstrated performance “*output*”): and that this *100 (one-class-weekly) hours' equivalent of formal training* would normally

be comprised of an appropriate mixture of theoretical, experiential and practical study of hypnosis, hypnotism and clinical hypnotherapy.

N.B. Whilst the “100 hours of “one-class-weekly” formal training equivalent” guide-lines specifically include appropriate, course-relevant, “in-course-time supervised practical training”, the same guide-lines very specifically exclude any additional, unsupervised “out-of-course-time” training or practice (either conducted individually or in “study groups”) from this calculation.

Similarly, as a “rule-of-thumb”, the **A.H.A.** considers the number of “**one-class-weekly-equivalent**” hours of formal training that is needed to gain the desired level of “relevant basic general knowledge” for admission to **Associate** membership:

- a. in the area of psychopharmacology is 6 hours, and
- b. in the area of basic psychological processes is 6 hours.

D.7. Description of the Specific Competencies and the Minimum Levels of Proficiency that are Required for Entry as an Associate Member...

Note: In the table below:

- “**Comp. Code**” (“Competency Code”) specifies the competency’s “group” as follows:
 - 1.** = Relevant Basic General Knowledge;
 - 2.** = Core Competencies; and
 - 3.** = Auxiliary Competencies.
- **M.A.P.** (“Minimum Acceptable Proficiency”) specifies the minimum acceptable proficiency for each specific competency, and it expresses that minimum acceptable proficiency as a value on a continuum that runs from 1 to 10.
[N.B. 10 is the maximum possible proficiency.]

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
1	Hypnosis, hypnotism and hypnotherapy: theory, practice and clinical applications.	N/A	Approx. 100 hours of training is needed to meet this requirement.

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
1	<p>Psychopharmacology.</p> <p><i>N.B. The intention of this requirement is not to train applicants in “pharmacy”, “pharmacology”, or “psychopharmacology”. It’s overall purpose is to equip them with a basic and general understanding of:</i></p> <p><i>(a) a “drug” as a specific chemical substance, in a specific dose, that is administered in a specific way, with a specific intention,</i></p> <p><i>(b) the fundamental “models” used to describe the action of “drug” substances on the perceptions of the human mind, and</i></p> <p><i>(c) the physiological and attitudinal changes which can result from the ingestion of prescribed and/or self-administered “drugs”.</i></p>	N/A	Approx. 6 hrs of training is needed to meet this requirement.
1	<p>Basic Psychological Processes.</p> <p><i>N.B. The intention of this requirement is not to train applicants in “psychology”: it is to equip them with a basic, general understanding of when to refer their clients elsewhere.</i></p>	N/A	Approx. 6 hours of training is needed to meet this requirement.
2	A variety of “susceptibility techniques”/ “susceptibility tests”/“trance ratification” techniques.	10	Be able to use 3 different types of “test”, and adapt each to suit individual circumstances; know the indications/contra-indications for each “test”.
2	A variety of induction techniques.	10	Be able to use 3 different types of induction technique; be able to adapt each to suit individual circumstances; know the indications/contra-indications for each induction technique.
2	A variety of deepening techniques.	10	Be able to use 3 different types of deepening technique; be able to adapt each to suit individual circumstances; know the indications/contra-indications for each technique.

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	A variety of maintenance techniques.	10	Be able to use 2 different types of maintenance technique; be able to adapt each to suit individual circumstances; know the indications/contra-indications for each technique.
2	An understanding of the principles of de-hypnotizing.	10	Be able to use 2 different types of de-hypnotizing technique. Understanding the reasons for adapting the de-hypnotizing process to meet specific individual circumstances. Understanding the importance of removing those suggestions that are no longer necessary (that have been made during the hypnotherapeutic process).
2	An understanding of the principles of de-hypnotizing a client who is reluctant (or who is refusing) to be de-hypnotized.	10	Be able to discuss the most common reasons for this reluctance/refusal. Applicants must be able to demonstrate their control of strategies that would be appropriate for each set of circumstances.
2	A capacity for and an intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge/skills; and a capacity for independent, self-directed professional development.	10	
2	An awareness of all the circumstances (clinical and otherwise) that contra-indicate hypnotherapy.	10	Be able to list/recite these (N.B. allowances will be made for individual opinion in areas that are subject to “controversy” [e.g. the use of hypnosis/hypnotherapy in clinical depression]).
2	An awareness of the clinical limitations of hypnotherapy.	10	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	An awareness of the influence of <i>therapist expectation</i> on the outcome of therapy.	5	
2	An understanding of the necessity for all hypnotic suggestions to be positive; and the need for all suggestions (hypnotic or otherwise) to be expressed in positive language.	10	
2	Answering clients' questions; dealing with client "objections".	6	
2	Auto-suggestions (and so-called "affirmations"), and the creation of appropriate auto-suggestions.	7	
2	Clear understanding that the "hypnotic state" does not, in and of itself, generally constitute a form of "therapy".	10	
2	Client expectation: including the use of "trance ratification" procedures.	8	
2	Creating a therapeutic programme: the capacity to identify hypnotherapeutic solutions to clients' problems, and independently plan, design and formulate an effective course of hypnotherapeutic treatment (taking special notice of his current limitations as a clinical hypnotherapist).	5	Applicants must be able to demonstrate a capacity to flexibly respond to a range of clinical circumstances with the inventory of hypnotic techniques and therapeutic procedures they presently have at their disposal.
2	Dealing with catharsis and/or spontaneous abreaction, revivification and/or regression.	10	
2	Knowledge of how to go about adapting published "scripts" from books, journal articles, etc. to one's own way of working, natural vocabulary and way of speaking.	5	
2	Learning from issues discovered in therapy. How to use this knowledge to equip clients far better in terms of optimism, independence, self-efficacy and resilience.	10	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	Self-hypnosis for the client: “self-induced hypnosis”; self-hypnosis as an integral part of the therapeutic programme; establishing “triggers” for on-going relaxation.	10	
2	Self-hypnosis for the therapist.	10	
2	Sleep: what to do when a client falls asleep during hypnotherapy.	6	
2	Suggestion: “prestige suggestion”; direct and indirect hypnotic suggestions; “definiteness” vs. “ambiguity” in suggestion; hetero-suggestion and auto-suggestion.	7	
2	Teaching self-hypnosis to individual clients.	10	
2	The hypnotherapist reporting on his/her work.	6	
2	The initial “pre-hypnotic” interview: asking relevant questions; taking a comprehensive case history.	10	
2	The notion that all humans already have sufficient natural resources within them to be able to produce the required changes; and, from this, how it logically follows that each has an equal potential for illness and for health.	10	
2	The phenomena of confabulation, manufactured memory, and pseudo-memory — and the consequences of the condition known as pseudologia fantastica — and the range of issues they raise in therapy.	8	
2	The problems with using “standardized suggestions”: and how precisely the same “standard suggestion” will be interpreted very differently by each different subject.	8	
2	Understanding the basis principles of (and basic procedures for) creating and preparing “scripts” and “therapeutic monologues”.	6	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
2	Understanding the considerable differences between hypnotists (<i>operators of “hypnosis”</i>) and hypnotherapists (<i>those who use “hypnosis” to facilitate their therapeutic work</i>).	10	
2	Understanding the differences between so-called “permissive” and “authoritarian” styles of hypnosis and/or hypnotherapy.	8	
2	Understanding the considerable differences between the nature, form and application of post-hypnotic influences (<i>viz. suggestions that are given in hypnosis for post-hypnotic responses</i>), and post-hypnotic suggestions (<i>viz. suggestions that are given to a client immediately subsequent to hypnosis</i>).	6	
2	Understanding when to refer a client to another therapist (and knowing how to go about that referral process in a professional and productive way).	10	
3	An understanding of the differences between a “reluctant” client and a “resistant” client; dealing with the “reluctant” client; determining the appropriateness of any sort of hypnotherapeutic interaction with “reluctant” clients in general, and specific individual “reluctant” clients in particular.	5	
3	An understanding of the nature and the influence of “client resistance”: active resistance, conscious resistance, passive resistance, unconscious resistance, and so-called “client non-compliance”.	5	
3	An understanding of the nature and the influence of “secondary gains” and their effects on therapeutic outcome.	5	
3	Clinical records: Keeping clinical records; 10 client confidentiality.		
3	Course of treatment: how many sessions constitute a “course of treatment”?	5	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
3	Dealing with cancelled appointments.	4	
3	Dealing with clients that don't complete a course of treatment.	4	
3	Dealing with negative self-talk through “motivation” and “ego strengthening”.	7	
3	“Depth of hypnosis”: an understanding of the notion, and its historical origins.	4	
3	Establishing “triggers” for the re-induction of hypnosis.	4	
3	Explaining the considerable differences between clinical hypnotherapy and stage hypnosis to clients.	8	
3	General knowledge of the history of hypnosis and hypnotherapy.	4	
3	General knowledge of the “standard” pain control techniques and procedures (e.g. “glove anaesthesia”).	6	Although applicants will not be required to be able to perform/demonstrate these procedures, they must have an awareness of the indications/ contra-indications for hypnotic “pain control”, “analgesia” and/or “anaesthesia”, and have an awareness of the arguments for and against hypnotic pain control, analgesia and anaesthesia.
3	How long is a session?	5	
3	Imagery (or so-called “visualization”): the theoretical and practical differences and distinctions between the applications and usages of “suggestions” and “imagery”. When to use suggestion. When to use imagery. How to use imagery and suggestion in a synergistic way.	4	
3	Informed Consent: the legal concept and its practical implications.	10	

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
3	Legal obligations; professional ethics.	10	
3	Professional conduct.	10	
3	Professional image.	10	
3	“Rapport”? What is the hypnotherapeutic significance of “rapport”?	10	
3	Simple, basic understanding of “symptom removal” and “symptom substitution”.	6	Applicants must be aware of the indications/contraindications for “symptom removal” and/or “symptom substitution”, as well as an awareness of the arguments that exist for and against “symptom removal” and “symptom substitution”.
3	Simple, basic understanding of the concepts of “age regression” and “age progression” and their appropriate clinical applications.	6	Although applicants will not be required to perform/demonstrate procedures for the production of either hypnotic “progression” or “regression”, they must know the indications and contraindications for both “regression” and “progression”, and be able to discuss at some length the problems of “pseudo-memories” and “confabulation”, and have a clear understanding of the need for the hypnotherapist's directions to be “100% neutral”. Applicants must also be able to discuss the social/clinical issues raised by so-called “false memory syndrome” and “repressed memory therapy” (and the issues of those who find a need to seek to have that sort of therapy).

Comp. Code	Brief Description of the Competency	MAP	Additional Comments
3	Understanding (and successfully arguing against) the attitudes of various fanatical and/or dogmatic/fundamentalist religious groups towards hypnosis/hypnotherapy; especially stressing the lack of substance and the absence of textual foundation for the ill-informed objections of certain dogmatic/fundamentalist religious groups.	8	
3	Understanding of the general applications of “analytical” hypnotherapy.	8	Although applicants will not be required to perform/demonstrate this type of procedure, they must have an awareness of the indications/ contra-indications for “analytical”-type hypnotherapy, as well as an understanding of the arguments for and against the use of “analytical” forms of hypnotherapy.
3	Ways of introducing hypnosis and explaining hypnotherapy to one's clients.	7	



E. Additional Criteria for Eligibility for “Associate Membership”

E.1. Minimum Age Requirement for Admission as an “Associate Member”...

Every applicant for admission as an **Associate Member** must have attained at least twenty-one (21) years of age at the time of lodging their application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for Associate Membership from an otherwise suitably qualified applicant who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

E.2. Maximum Duration of “Associate Membership” ...

The maximum time that any individual can hold **Associate Member** status is five (5) years.

E.3. All Applications for Admission as an “Associate Member” must be Complete...

No application for admission as an **Associate Member** will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a **complete** application; viz., that it:

- a. has been made in the **form** and the **manner** that has been prescribed by the Executive;
- b. supplies all the information that is required by the Executive and/or the Accreditation Board;
- c. includes all the undertakings in relation to future conduct that are required by the Executive;
- d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive and/or the Accreditation Board; and
- e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for admission as an Associate Member the **onus probandi** (“burden of proof”) shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his/her statements, assertions and claims when and if he/she is required to do so by the Executive and/or the Accreditation Board.

E.4. Examinations for Associate Membership...

As well as meeting all of the stated academic and practical experience conditions for **Associate** membership, and having attained twenty-one (21) years of age, every applicant must satisfy the Accreditation Board's Examiners that he/she has attained at least the specified minimum level of competency and proficiency through the applicant's performance in a series of oral and practical examinations.

Regardless of whether he or she is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, every applicant for **Associate** membership will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards (as described in **Sections D.1. to D.7.**).

As part of the standard appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every applicant for **Associate Membership** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the applicant will need to be able to satisfy the Executive that he/she is an appropriate person to be admitted to **Associate Membership**. The Executive's recommendation will be final.

Furthermore, for the applicant to be admitted to **Associate Membership** of the **A.H.A.**, the Executive must be thoroughly satisfied that he/she is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.

All tests, appraisals and examinations for admission to membership as an **Associate Member** of the **Australian Hypnotherapists' Association** will be conducted in the English language.

Admission to membership as an **Associate Member** is awarded on the specific recommendation of the Accreditation Board's Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

N.B.: Except where the Executive has otherwise specified, any applicant who fails in his/her examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since the notification of that failure.

In the case of a rejected application, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are **obligated, obliged** or **required** to provide a rejected applicant with advice in respect of any additional data, skills, knowledge, procedures, etc., he/she must acquire, or any remedial training he/she might require (other than, perhaps, recommending comprehensive retraining “from the ground up”) to allow him/her to become an acceptable standard.

E.5. Requirements for Raising Membership Status from “Student” to “Associate Member”...

In addition to having met all the specified academic and practical experience conditions, every **Student Member** who applies to have his/her membership status raised to that of **Associate Member** must also satisfy the Accreditation Board's Examiners that he/she has attained at least the specified minimum level of competency and proficiency (as described in **Sections D.1. to D.7.**).

N.B.: If a Student Member is applying to have his/her membership status raised to that of Associate Member within twenty-four (24) months of his/her acceptance as a Student Member, the “specified minimum level of competency and proficiency” in his/her particular case will be the academic, competency and proficiency, and practical requirements that were specified for entry as an Associate Member at the time of his/her successful application for Student membership.

This is to be demonstrated by the applicant's performance in a series of oral, written and practical examinations set by the Executive, the Standards Committee and/or the Accreditation Board.

Regardless of whether he or she is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, every **Student Member** who applies to have

his/her membership status raised to that of **Associate Member** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

All tests, appraisals and examinations for raising a **Student Member's** status to that of **Associate Member** will be conducted in the English language.

The change of membership status from that of **Student Member** to that of **Associate Member** is awarded on the specific recommendation of the Accreditation Board's Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

N.B.: Except where the Executive has otherwise specified, any applicant who fails in his/her examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since the notification of that failure.

Once again, in the case of a rejected application, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are **obligated, obliged or required** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he/she must acquire, or any remedial training he/she might require to allow him/her to raise his/ her status from that of a **Student Member** to that of an **Associate Member**.

E.6. “Associate Membership” is not an Automatic Entitlement...

Associate Membership of the **A.H.A.** is not something that is just **automatically** bestowed upon an individual simply by virtue of the fact that he/she is currently engaged in a course of hypnotherapeutic studies and is able to meet the stated academic and practical experience conditions for **Associate Membership** (as described in **Sections D.1. to D.7.**).

Associate Membership is something that is awarded entirely at the discretion of the Executive of the **Australian Hypnotherapists' Association**.

In exercising this discretion, the Executive of the **A.H.A.** may refuse to accept any application for membership from any individual and/or may refuse to admit any applicant to membership without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all members are on probation for the first twelve (12) months of their Associate Membership.

E.7. Description of a Suitable Applicant for Associate Membership...

Regardless of their level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no person will be accepted as an **Associate Member** of the **A.H.A.** unless the Executive is completely satisfied that the applicant:

1. Has attained at least twenty-one (21) years of age (see **Section E.1**).
2. Is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.
3. Is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.
4. Has agreed to be bound by the **Australian Hypnotherapists' Association's** Code of Ethics in his/her hypnotherapeutic practice.
5. (Regardless of whether a Government-registered Health-Care professional, a “theologically trained person”, or not), has been recently psychologically appraised by an independent clinical psychologist; and **that** appraisal has indicated that he/she is a fit and proper person to practise hypnotherapy.
6. Has not had his/her fitness to efficiently practise as a professional hypnotherapist impaired in any way by reason of infirmity, illness, or injury.
7. (From Hippocrates' aphorism, “*Practise two things in your dealings with disease: either help or do not harm the patient*”) irrespective of his/ her level of hypnotherapeutic skills, will cause no harm.
8. Is aware of how to deal with both spontaneous regression and abreaction.
9. Is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypnotherapy.
10. Is well aware of his/her current limitations as a clinical hypnotherapist.

11. (Taking special notice of these current limitations as a clinical hypnotherapist) has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

12. Understands when to refer a client to another therapist, and knows how to go about that referral process in a professional and productive way.

13. Has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

14. Has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

15. Has the capacity and intention of reaching the competency and proficiency levels required of **Clinical Members** in no more than five (5) years from making his/her application for **Associate** membership.

16. Is working towards becoming a “full-time”, professional clinical hypnotherapist (viz. that the **major occupation** will be **Clinical Hypnotherapist** and that the **principal modality** within that occupation will be **hypnotherapy**), and the Executive is satisfied that, if he/she has not already done so, he/she intends to commence work as a “full-time”, professional clinical hypnotherapist no more than three (3) years from making his/her application for **Associate** membership.

17. Is currently maintaining (or currently has access to) and is currently using an adequate professional library.

18. Has agreed to undertake, comply with and complete whatever general and/or specific programme(s) of regular supervision of his/her practice of hypnotherapy as may be determined, from time to time, and under whatever particular conditions as may be specified, from time to time, in his/her particular case, by the Executive for the duration of his/her **Associate Membership**.

19. Has agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

E.8. The Australian Hypnotherapists' Association Entry Criteria for Membership as an “Associate Member”...

The conditions for admission to **Associate** membership of the **A.H.A.** currently require that every applicant must have:

1. Attained at least twenty-one (21) years of age (see **Section E.1**).
2. Thoroughly satisfied the Executive of the **Australian Hypnotherapists' Association** that he/she is of good fame, reputation and character.
3. Thoroughly satisfied the Executive that he/she is in all respects likely to be accepted without reservation by the members of the **A.H.A.**
4. Agreed to be bound by the **Australian Hypnotherapists' Association's** Code of Ethics in his/her hypnotherapeutic practice.
5. Had his/her psychological fitness to practise as a hypnotherapist examined and attested.
6. Satisfied the **A.H.A.** Executive that his/her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.
7. Not yet become eligible to apply for having his/her membership status raised to that of **Clinical Member**.
8. Satisfied the **A.H.A.** Executive that he/she intends to commence work as a “full-time”, professional clinical hypnotherapist (viz. that the **major occupation** will be **Clinical Hypnotherapist** and that the **principal modality** within that occupation will be **hypnotherapy**) within a maximum of three (3) years of applying for **Associate** membership.
9. Had the **equivalent** of at least 100 hours of “**one-class-weekly**” formal training in clinical hypnotherapy prior to lodging his/her application (see **Section D.6**).
10. Had the equivalent of at least 12 hours of “**one-class-weekly**” formal training in a number of specified areas of general knowledge prior to lodging his/her application (see **Section D.6**).

11. Demonstrated to the Accreditation Board's Examiners, through his/her performance in a series of oral and practical examinations, that he/she has attained at least the specified minimum level of competency and proficiency for **Associate Members** (as described in **Sections D.1. to D.7.**).

12. (When lodging his/her application) agreed that, in the event of the application being rejected, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are in any way **obligated, obliged or required** to provide any sort of advice in respect of any additional data, skills, knowledge, pro-cedures, etc., he/she must acquire, or any remedial training he/she might re-quire to allow him/her to become an acceptable standard (see **Section E.3.c.**).

13. (When lodging his/her application) acknowledged that the Executive of the **A.H.A.** may refuse to accept his/her application for membership or may refuse to admit him/her to membership without it being required to provide any reason or explanation for its actions (see **Section E.3.c.**).

14. Agreed to undertake, comply with and complete whatever general and/or specific programme of regular supervision of his/her practice of hyp-notherapy as may be determined, from time to time, and under whatever particular conditions as may be specified, from time to time, in his/her particular case, by the Executive for the duration of his/her **Associate Membership**.

15. Agreed to attend all General Meetings of the **A.H.A.** for the duration of his/her **Associate Membership**, and has accepted that any failure to attend such General Meetings (unless he/she has been specifically excused from such attendance by the Executive) may incur the immediate cancellation of his/ her **Associate Membership**.

16. Undertaken to acquire the specified academic, competency and proficiency, and practical requirements for **Clinical Members** within a maximum of five (5) years from his/her acceptance as an **Associate Member**.

N.B. in these cases, the academic, competency and proficiency, and practical requirements will be those specified for Clinical Members at the time of his/her successful application for Associate membership.

17. Provided the Executive with a detailed outline of the specific programme of study that he/she intends to follow in order to meet the specified conditions for **Clinical Membership** within the ensuing five (5) years.

18. (Unless the Executive has specifically and explicitly directed other-wise) agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

19. Satisfied the **A.H.A.** Executive's current specifications with respect to having **Malpractice Liability Insurance** that specifically covers his/her delivery of hypnosis and hypnotherapy.

20. Satisfied the **A.H.A.** Executive's current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).



F. The Australian Hypnotherapists' Association's Performance, Competence and Proficiency Criteria for Eligibility for Admission as a “Student Member”

F.1. The “Student Member” Category of Membership...

The purpose of this membership category is to serve the interests of those who fully intend to become an **Associate Member** of the **A.H.A.**, and who are currently engaged in a programme of study that will ultimately enable them to acquire all of the stated academic and practical experience conditions required for **Associate** membership (and, ultimately, those required for **Clinical** membership).

F.2. Minimum Age Requirement for Admission as a “Student Member”...

Every applicant for admission as a **Student Member** must have attained at least twenty-one (21) years of age at the time of lodging his/her application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for Student Membership from an otherwise suitably qualified applicant who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

F.3. Maximum Duration of “Student Membership”...

The maximum time that any individual can hold **Student Member** status is twenty-four (24) months.

F.4. All Applications for Admission as a “Student Member” must be Complete...

No application for admission as a **Student Member** will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a **complete** application; viz., that it:

- a. has been made in the **form** and the **manner** that has been prescribed by the Executive;
- b. supplies all the information that is required by the Executive and/or the Accreditation Board;

c. includes all the undertakings in relation to future conduct that are required by the Executive;

d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive and/or the Accreditation Board; and

e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for admission as a Student Member the **onus probandi** (“burden of proof”) shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his/her statements, assertions and claims when and if he/she is required to do so by the Executive and/or the Accreditation Board.

F.5. Examinations for “Student” Membership...

Although, in exceptional circumstances, the Executive of the **A.H.A.** may decide to exercise its right to examine a applicant for **Student Membership**, examinations are not normally a routine part of the formal application process for **Student Membership**.

However, in the event of the Executive having deciding to examine a particular applicant, regardless of whether he or she is a Government-registered Health-Care professional (Dentist, Osteopath, Physiotherapist, Medical Practitioner, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, each applicant for **Student Membership** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the standard appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every applicant for **Student Membership** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the applicant will need to satisfy the Executive that he/she is an appropriate person to be admitted to **Student Membership**.

The Executive's recommendation will be final.

Furthermore, for the applicant to be admitted to **Student Membership** of the **A.H.A.**, the Executive must be thoroughly satisfied that he/she is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.

All tests, appraisals and/or examinations for admission to membership as a **Student Member** of the **A.H.A.** will be conducted in the English language.

F.6. "Student Membership" is not an Automatic Entitlement...

Student Membership of the **A.H.A.** is not something that is just **automatically** bestowed upon an individual simply by virtue of the fact that he/she is currently engaged in an appropriate course of hypnotherapeutic studies.

Student Membership is something that is awarded entirely at the discretion of the Executive of the **Australian Hypnotherapists' Association**.

In exercising this discretion, the Executive of the **A.H.A.** may refuse to accept any application for membership from any individual and/or may refuse to admit any applicant to membership without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all members are on probation for the first twelve (12) months of their Student Membership.

F.7. Description of a Suitable Applicant for Student Membership...

Regardless of his/her level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no person will be accepted as a **Student Member** of the **A.H.A.** unless the Executive is completely satisfied that the applicant:

1. Has attained at least twenty-one (21) years of age (see **Section F.2**).
2. Is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.
3. Is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.
4. Has agreed to be bound by the **Australian Hypnotherapists' Association's** Code of Ethics.

5. (Regardless of whether a Government-registered Health-Care professional, a “theologically trained person”, or not), has been recently psychologically appraised by an independent clinical psychologist; and **that** appraisal has indicated that he/she is a fit and proper person to practise hypnotherapy.

6. Has not had his/her fitness to efficiently practise as a professional hypnotherapist impaired in any way by reason of infirmity, illness, or injury.

7. (From Hippocrates' aphorism, “*Practise two things in your dealings with disease: either help or do not harm the patient*”) irrespective of his/ her level of hypnotherapeutic skills, will cause no harm.

8. Has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development in addition to his/ her current formal hypnotherapeutic studies.

9. Has the capacity and the intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

10. Has the capacity and intention of reaching the competency and proficiency levels required of **Associate Members** in no more than twenty-four (24) months from making his/her application for **Student** membership.

11. Has provided the Executive with a detailed outline of the specific programme of study that he/she intends to follow in order to meet the specified conditions for **Associate Membership** within the ensuing twenty-four (24) months.

12. Has agreed to undertake, comply with and complete whatever general and/or specific programme of regular supervision of his/her practice of hypnotherapy as may be determined, from time to time, and under whatever particular conditions as may be specified, from time to time, in his/her particular case, by the Executive for the duration of his/her **Student Membership**.

F.8. The Australian Hypnotherapists' Association Student Membership Entry Criteria...

The conditions for admission to **Student** membership of the **A.H.A.** currently require that all applicants must have:

1. Attained at least twenty-one (21) years of age (see **Section F.2**).
2. Thoroughly satisfied the Executive of the **Australian Hypnotherapists' Association** that he/she is of good fame, reputation and character.
3. Thoroughly satisfied the Executive that he/she is in all respects likely to be accepted without reservation by the members of the **A.H.A.**
4. Agreed to be bound by the **A.H.A.**'s Code of Ethics.
5. Had his/her psychological fitness to practise as a hypnotherapist examined and attested.
6. Produced evidence in whatever form the Executive may have required in his/her particular case that satisfied the Executive of the **A.H.A.** that his/ her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.
7. Not yet become eligible to apply for having his/her membership status raised to that of **Associate Member**.
8. Produced evidence (including a detailed outline of his/her specific programme of study) in whatever form the Executive may have required in his/ her particular case that satisfied the Executive of the **A.H.A.** that he/she is currently engaged in a programme of hypnotherapeutic studies that will enable him/her to meet the specified conditions for **Associate Membership** within the ensuing twenty-four (24) months.
9. Produced evidence in whatever form the Executive may have required in his/her particular case that satisfied the Executive of the **A.H.A.** that he/she is currently being adequately supervised by his/her particular training institution (or his/her “master”, if he/she is an “apprentice”) in the process of his/her hypnotherapeutic studies.
10. (When lodging his/her application) agreed that, in the event of the application being rejected, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are in any way **obligated**, **obliged** or **required** to provide any sort of advice in respect of any additional data, skills, knowledge, pro-cedures, etc., he/she must acquire, or any remedial training he/she might re-quire to allow him/her to become an acceptable standard (see **Section F.4.c**).

11. (When lodging his/her application) acknowledged that Executive of the **A.H.A.** may refuse to accept his/her application for membership or may refuse to admit him/her to membership without it being required to provide any reason or explanation for its actions (see **Section F.4.c.**).

12. Agreed to undertake, comply with and complete whatever general and/or specific programme(s) of regular supervision of his/her practice of hypnotherapy as may be determined, from time to time, and under whatever particular conditions as may be specified, from time to time, in his/her particular case, by the Executive for the duration of his/her **Student Membership**.

13. Agreed to attend all General Meetings of the **A.H.A.** for the duration of his/her **Student Membership**, and has accepted that any failure to attend such General Meetings (unless he/she has been specifically excused from such attendance by the Executive) may incur the immediate cancellation of his/ her **Student Membership**.

14. Satisfied the **A.H.A.** Executive's current specifications with respect to having **Malpractice Liability Insurance** that specifically covers his/her delivery of hypnosis and hypnotherapy.

15. Satisfied the **A.H.A.** Executive's current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

* * * * *

G. The Australian Hypnotherapists' Association Accreditation System

G.1. Institution of the Accreditation System on 1 January, 1996...

The A.H.A. fixed and established the objective proficiency, competency and performance criteria that it required for admission to membership as a **Clinical Member**.

It also instituted a formal accreditation system, based on the same performance criteria that, for the very first time, offered a regulated group of trustworthy, ethical, competent, suitably qualified and appropriately experienced clinical hypnotherapists to the general Australian community, health-care system and private health insurance funds.

This accreditation system commenced its operation on 1 January, 1996.

G.2. Admission to Clinical Membership of the A.H.A. is Contingent upon Accreditation...

As from 1 January, 1996, admission to the A.H.A. as a **Clinical Member** has been contingent upon the particular individual applicant being awarded accreditation by the **Australian Hypnotherapists' Accreditation Board**.

G.3. Criteria for A.H.A. Accreditation...

The proficiency/competency/performance criteria required for the award of accreditation will always be the **proficiency, competency and performance standards which prevail for entry to membership as a Clinical Member at the time of the application for accreditation** (as described in **Sections B.1. to B.8.**).

There is only one level of accreditation.

Accreditation will always be awarded **to a specific individual**, on the basis of his/her **demonstrated professional competency** (rather his/her **academic excellence**): that is, on the basis of:

- a. the applicant's specific character,
- b. the demonstrated range, scope and level of excellence of the applicant's clinical performance,
- c. the applicant's ability to demonstrate his/her attainment of the **prescribed level of competence** in certain specific designated areas,

- d. the applicant's ability to demonstrate that he/she is **not incompetent** in other important designated areas, and
- e. the applicant's demonstrated hypnotherapeutic knowledge.

G.4. Minimum Age Requirement for Accreditation...

Every applicant for accreditation must have attained at least twenty-one (21) years of age at the time of lodging his/her application.

N.B. Although, in exceptional circumstances, the A.H.A.

Executive may be prepared to consider an application for accreditation from an otherwise suitably qualified applicant who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

G.5. All Applications for Accreditation must be Complete...

No application for accreditation will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a **complete** application; viz., that it:

- a. has been made in the **form** and the **manner** that has been prescribed by the Executive;
- b. supplies all the information that is required by the Executive and/or the Accreditation Board;
- c. includes all the undertakings in relation to future conduct that are required by the Executive;
- d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive and/or the Accreditation Board; and
- e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for accreditation the **onus probandi** ("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his/her statements, assertions and claims when and if he/she is required to do so by the Executive and/or the Accreditation Board.

G.6. Duration of Australian Hypnotherapists' Association Accreditation...

Whenever it is granted, accreditation will be for one “accreditation year” only; and the “accreditation year” is the same as a “calendar year” (viz. 1 January to 31 December).

N.B. Those “accredited hypnotherapists” who allow their accreditation to lapse (other than for extenuating circumstances) will have their accreditation automatically cancelled.

G.7. Examinations for the Award of Accreditation...

In addition to having met all of the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive and/or the Accreditation Board that he/she is a “full-time” hypnotherapist (viz. that his/her **major occupation** is **Clinical Hypnotherapy** and that his/her **principal modality** within that occupation is **hypnotherapy**), every applicant for accreditation must also satisfy the Accreditation Board's Examiners that he/she has attained at least the specified minimum level of competency and proficiency (as described in **Sections B.1. to B.8.**).

This is demonstrated by the applicant's performance in a series of oral, written and practical examinations that have been set by the Executive, the Standards Committee and/or the Accreditation Board.

As a routine part of the examination process, each applicant is also required to present two different case studies (in the precise form specified by the Executive, the Standards Committee and/or the Accreditation Board) that have been taken from his/her actual clinical practice, and must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he or she is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, every applicant for **accreditation** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the standard appraisal procedure, unless the **A.H.A.** Executive has specifically and explicitly directed otherwise in a particular case, every applicant for **accreditation** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the applicant will need to be able to satisfy the Executive that he/she is an appropriate person to be awarded **accreditation**.

The Executive's recommendation will be final.

Furthermore, for the applicant to be **accredited** by the **Australian Hypnotherapists' Accreditation Board**, the Executive must be thoroughly satisfied that he/she is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.

All tests, appraisals and examinations for the award of **accreditation** by the **A.H.A.** will be conducted in the English language.

Accreditation is awarded on the specific recommendation of the Accreditation Board (or its designated representatives) who will interview and examine the applicant, at a time to be specified, in the capital city of the applicant's home State.

The recommendation of the Accreditation Board's Examiners will be final.

N.B.: Except where the Executive has otherwise specified, any applicant who fails in his/her examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since the notification of that failure.

In the case of a rejected application, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are **obligated, obliged** or **required** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he/she must acquire, or any remedial training he/she might require (other than, perhaps, recommending that he/she needs comprehensive retraining “from the ground up”) to allow him/her to become an acceptable standard.

G.8. Requirements for the Award of Accreditation for those Raising their Membership Status from “Associate” to “Clinical Member”...

As well as meeting all the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive and/or the Accreditation Board that he/she is a “full-time” hypnotherapist (viz. that his/her *major occupation* is **Clinical Hypnotherapist** and that his/her *principal modality* within that occupation is **hypnotherapy**), every **Associate Member** who applies for **accreditation** (and, implicitly, also applies to have his/her status raised from that of **Associate Member** to that of **Clinical Member**), must also satisfy the Accreditation Board's Examiners that he/she has attained at least the specified minimum level of competency and proficiency (as described in **Sections B.1. to B.8.**).

However, all applicants for raising their status from that of **Associate Member** to that of **Clinical Member** should note that, in the particular case where an **Associate Member** has applied for **accreditation** within five (5) years of his/her acceptance as an **Associate Member**, the “specified minimum level of competency and proficiency” in his/her particular case will be the academic, competency and proficiency, and practical requirements that were specified for entry as a **Clinical Member** at the time of his/her successful application for **Associate** membership.

G.9. “Accreditation” and/or “Re-accreditation” is not an Automatic Entitlement...

Accreditation (or re-accreditation) by the **A.H.A.** is not something that is just **automatically** bestowed upon an individual simply by virtue of the fact that he/she meets the stated academic and practical experience conditions for **Clinical Membership** (as described in **Sections B.1. to B.8.**).

Accreditation (or re-accreditation) is something that is awarded entirely at the discretion of the Executive of the **A.H.A.**.

In exercising this discretion, the Executive of the **A.H.A.** may refuse to accept any application for accreditation (or re-accreditation) from any individual and/or may refuse to accredit (or re-accredit) any applicant without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all those accredited by the Australian Hypnotherapists' Accreditation Board, are on probation for the first twelve (12) months of their accreditation.

G.10. Description of a Suitable Applicant for the Award of Accreditation...

Regardless of his/her level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no applicant will be **accredited** by the **Australian Hypnotherapists' Accreditation Board** unless the Executive is completely satisfied that the applicant:

1. Has attained at least twenty-one (21) years of age (see **Section G.4**).
2. Is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.
3. Is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.
4. Has agreed to be bound by the **Australian Hypnotherapists' Association's** Code of Ethics in his/her hypnotherapeutic practice.
5. (Regardless of whether a Government-registered Health-Care professional, a “theologically trained person”, or not), has been recently psychologically appraised by an independent clinical psychologist; and **that** appraisal has indicated that he/she is a fit and proper person to practise hypnotherapy.
6. Has not had his/her fitness to efficiently practise as a professional hypnotherapist impaired in any way by reason of infirmity, illness, or injury.
7. Is currently a “full-time”, professional clinical hypnotherapist (viz. the **major occupation is Clinical Hypnotherapist** and the **principal modality** within that occupation is **hypnotherapy**); and has been so for at least the preceding two (2) years.
8. (From Hippocrates' aphorism, “*Practise two things in your dealings with disease: either help or do not harm the patient*”) irrespective of his/ her level of hypnotherapeutic skills, will cause no harm.
9. Is aware of how to deal with both spontaneous regression and abreaction.
10. Is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypnotherapy.

11. Is well aware of his/her current limitations as a clinical hypno-therapist.
12. (Taking special notice of his/her current limitations as a clinical hypnotherapist) has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.
13. Understands when to refer a client to another therapist, and knows how to go about that referral process in a professional and productive way.
14. Has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.
15. Has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.
16. Is currently maintaining (or currently has access to) and is currently using an adequate professional library.
17. Has agreed to undertake at least 20 hours of approved "Continuing Professional Education" per annum.

G.11. The Australian Hypnotherapists' Association Criteria for the Award of Accreditation...

The conditions for the award of accreditation by the **A.H.A.** currently require that each applicant must have:

1. Attained at least twenty-one (21) years of age (see **Section G.4**).
2. Thoroughly satisfied the Executive of the **Australian Hypnotherapists' Association** that he/she is of good fame, reputation and character.
3. Thoroughly satisfied the Executive that he/she is in all respects likely to be accepted without reservation by the members of the **A.H.A.**.
4. Agreed to be bound by the **Australian Hypnotherapists' Association's** Code of Ethics in his/her hypnotherapeutic practice.
5. Had his/her psychological fitness to practise as a hypnotherapist examined and attested.

6. Satisfied the Executive of the **Australian Hypnotherapists' Association** that his/her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. Satisfied the Executive of the **A.H.A.** that his/her major current occupation is **Clinical Hypnotherapist**, that his/her principal modality within that occupation is **hypnotherapy**, and that he/she has been so employed for at least two (2) years immediately prior to lodging his/her application for acceptance as a **Clinical Member**.

8. Had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his/her application.

9. Had the **equivalent** of at least 400 hours of “**one-class-weekly**” formal training in clinical hypnotherapy prior to lodging his/her application (see **Section B.7.**).

10. Had the **equivalent** of at least 166 hours of “**one-class-weekly**” formal training in a number of specified areas of general knowledge prior to lodging his/her application (see **Section B.7.**).

11. (When lodging his/her application) agreed that, in the event of his/ her application being rejected, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are in any way **obligated, obliged or required** to provide any sort of advice in respect of any additional data, skills, know-ledge, procedures, etc., he/she must acquire, or any remedial training he/she might require to allow him/her to become an acceptable standard (see **Section G.5.c.**).

12. (When lodging his/her application) acknowledged that the Executive of the **A.H.A.** may refuse to accept his/her application for membership or may refuse to admit him/her to membership without it being required to provide any reason or explanation for its actions (see **Section G.5.c.**).

13. Demonstrated to the satisfaction of the Accreditation Board's Examiners, through the applicant's performance in a series of oral, written and practical examinations (including the presentation of two case studies), that he/she has attained at least the **A.H.A.**'s specified minimum level of competency and proficiency (as described in **Sections B.1. to B.8.**).

14. Agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

15. Satisfied the **A.H.A.** Executive's current specifications with respect to having **Malpractice Liability Insurance** that specifically covers his/her delivery of hypnosis and hypnotherapy.

16. Satisfied the **A.H.A.** Executive's current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

G.12. Extraordinary Award of Accreditation to those who had Fellow or Clinical Member status of the Australian Hypno-therapists' Association on 1 January 1996...

Each and every individual who had the membership status of either **Clinical Member** (in good standing) or **Fellow** (in good standing) of the **A.H.A.** on 1 January, 1996 was, **by an act of administrative process**, granted full accreditation for the accreditation year 1996.

This extraordinary “**initial accreditation by an act of administrative process**” type of accreditation (which was for the accreditation year 1996 only) was free of any accreditation fee.

All other individuals were required to meet whatever the stated competency and performance criteria for accreditation might be at the time of their application for accreditation before any accreditation could be awarded to them.

Each of those members who were awarded this special “**initial accreditation by an act of administrative process**” type of accreditation for 1996 were still required to meet all of the conditions (including payment of the appropriate fees and charges) specified in **Section I** (below) on 1 January, 1997 in order for them to be accredited by the **Australian Hypnotherapists' Accreditation Board** for the 1997 accreditation year.

N.B. Their accreditation was only be renewed for 1997 (and for any subsequent accreditation year) if they were able to meet all of the Executive's specified on-going accreditation criteria.

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H. Eligibility for Accreditation for those Professional Clinical Hypnotherapists who are not currently Members of the A.H.A.

H.1. Offer of Accreditation to Suitably Qualified Hypnotherapists who are not Currently Members of the A.H.A....

As indicated in **Section A.2.**, one of the main reasons behind the decision to create this system was to institute an **A.H.A.-based accreditation system** that also had the capacity to provide Australian professional clinical hypnotherapists with a **stable mechanism** for the **peer group evaluation** of their **professional competence, performance** and **proficiency**.

This was, also, one of the principal reasons for establishing and describing the objective proficiency, competency and performance criteria for **Clinical Membership** of the **A.H.A.** (q.v., **Sections B.1. to B.8.**).

This much-needed accreditation system now provides a very positive means through which the Australian hypnotherapy profession is able to, for the first time, objectively and systematically recognize the professional competence and proficiency of those hypnotherapists:

1. who, although not currently **Clinical Members** of the **A.H.A.**, are full members in good standing of an **A.H.A.-approved professional association**, and
2. who have acquired (at least) the **A.H.A.'s** specified minimum technical, clinical and professional proficiency, competency and performance standards for **Clinical Membership**, and
3. who are currently conducting an ethical “full-time” hypnotherapy practise.

H.2. Definition of an A.H.A.-Approved Professional Association...

For the purposes of this accreditation system, the Executive of the **A.H.A.** has defined an “**approved professional association**” as follows:

1. The professional association concerned must be incorporated in Australia.
2. The professional association concerned must have a published **Code of Ethics**.

3. This **Code of Ethics** must cover all aspects of the delivery of hypnosis and hypnotherapy.
4. The applicant's hypnotherapeutic conduct must be bound by that **Code of Ethics**.

*N.B. Without exception, in the case of every application for a particular professional association to be approved for the purposes of accreditation, the **onus probandi** (“burden of proof”) shall always lie on the applicant.*

Consequently, the applicant will always be obligated to supply whatever information and/or documentation that might be required by the Executive and/or the Accreditation Board.

H.3. No Application for Accreditation will be Accepted from any Member of an A.H.A.-Approved Professional Association whose A.H.A. Membership has previously been Cancelled...

Regardless of the applicant having the “full member in good standing” status of some other **A.H.A.-approved professional association**, and regardless of his/her (otherwise) having the capacity to satisfy the Executive of the **A.H.A.** and/or the Accreditation Board that his/her **major occupation** is **Clinical Hypnotherapist** and that his/her **principal modality** within that occupation is **hypnotherapy**, no application for accreditation will be accepted from any individual who has previously had his/her **A.H.A.** membership cancelled after exhausting all his/her rights of appeal.

H.4. Accreditation Criteria for those who are Members of an A.H.A.-Approved Professional Association...

Accreditation will be made available to those professional clinical hypnotherapists who, although they are not currently members of the **Australian Hypnotherapists’ Association**, **can** meet all of the specified prerequisites for accreditation — including current membership of an **A.H.A.-approved professional association**, and having had at least 1,000 hours' clinical experience — and who **can** demonstrate (**per medium** of their performance in a series of oral, written and practical examinations that have been set by the Executive, the Standards Committee and/or the Accreditation Board) that they **have**, at least, attained the minimum required standard of competency and proficiency (as described in **Sections B.1. to B.8.**).

The proficiency, competency and performance criteria that are required for accreditation will always be the **proficiency, competency and performance standards which prevail for entry to membership the A.H.A. with the status of Clinical Member at the time of the application for accreditation.**

There is only one level of accreditation.

Accreditation will always be awarded **to a specific individual**, on the basis of his/her **professional competency** (rather his/her **academic excellence**): that is, on the basis of:

- a. the applicant's specific character,
- b. the demonstrated range, scope and level of excellence of the applicant's clinical performance,
- c. the applicant's ability to demonstrate his/her attainment of the **prescribed level of competence** in certain specific designated areas,
- d. the applicant's ability to demonstrate that he/she **is not incompetent** in other important designated areas, and
- e. the applicant's demonstrated hypnotherapeutic knowledge.

H.5. Accreditation is only Available to those Members of an A.H.A.-Approved Professional Association who are Practising as “Full-Time” Hypnotherapists...

Accreditation is only offered to those members of **A.H.A.-approved professional associations** in good standing who are able to satisfy the Executive of the **A.H.A.** that their **major occupation** is **Clinical Hypnotherapist** and that their **principal modality** within that occupation is **hypnotherapy**.

H.6. Minimum Age Requirement for Accreditation for those who are Members of an A.H.A.-Approved Professional Association...

Every applicant for accreditation must have attained at least twenty-one (21) years of age at the time of lodging his/her application.

N.B. Although, in exceptional circumstances, the A.H.A.

Executive may be prepared to consider an application for accreditation from an otherwise suitably qualified applicant who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

H.7. All Applications for Accreditation must be Complete...

No application for accreditation will be considered to be lodged (and, therefore, no application will be administratively processed in any way) unless it is a **complete** application; viz., that it:

- a. has been made in the form and manner that has been prescribed by the Executive of the A.H.A.;
- b. supplies all the information that is required by the Executive and/or the Accreditation Board;
- c. includes all the undertakings in relation to future conduct that are required by the Executive;
- d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive and/or the Accreditation Board from time to time in a particular case; and
- e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for accreditation the **onus probandi** ("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his/her statements, assertions and claims when and if he/she is required to do so by the Executive and/or the Accreditation Board.

H.8. Examinations for Accreditation for those who are Members of an (A.H.A.)-Approved Professional Association...

Each “non-A.H.A.” applicant for accreditation must:

- a. have met all of the specified academic and practical experience conditions described in **Sections B.1. to B.8.**,
- b. have attained twenty-one (21) years of age,
- c. currently have “full member in good standing” status of an **A.H.A.-approved professional association** (see **Section H.2**), and
- d. have satisfied the **A.H.A. Executive** that he/she has had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his/her application.

In particular cases, where an applicant is not fully known to the Executive, a “non-A.H.A.” applicant for accreditation may be required to satisfy the Examiners of the **Australian Hypnotherapists' Accreditation Board** that he/she has attained at least the specified minimum level of competency and proficiency required for accreditation (as described in **Sections B.1. to B.8.**).

Notwithstanding the status that the “non-A.H.A.” applicant might hold within their **A.H.A.-approved professional association**, the Examiners will always determine whether they have attained the specified minimum level of competency and proficiency on the basis of their performance in a standard series of oral, written and practical examinations that have been set by the Executive, the Standards Committee and/or the Accreditation Board.

As a routine part of this examination process, each applicant is also required to present two different case studies (in the precise form specified by the Executive, the Standards Committee and/or the Accreditation Board) that have been taken from his/her actual clinical practice.

Applicants must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he or she is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a “theologically trained individual”, or not, every applicant for accreditation will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the standard appraisal procedure, unless the **A.H.A.** Executive has specifically and explicitly directed otherwise in a particular case, every applicant for **accreditation** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the applicant will need to be able to satisfy the **A.H.A.** Executive that he/she is an appropriate person to be accredited by the **Australian Hypnotherapists' Association**.

The Executive's recommendation will be final.

Furthermore, for the applicant to be accredited by the **Australian Hypnotherapists' Accreditation Board**, the Executive of the **Australian Hypnotherapists' Association** must be thoroughly satisfied that he/she is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.

All tests, appraisals and examinations for accreditation by the **Australian Hypnotherapists' Association** will be conducted in the English language.

Accreditation is awarded on the specific recommendation of the **Austral-ian Hypnotherapists' Accreditation Board** (or its designated representa-tives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The recommendation of the Accreditation Board will be final.

N.B.: Except where the Executive has otherwise specified, any applicant who fails in his/her examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since the notification of that failure.

In the case of a rejected application, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are **obligated, obliged or required** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he/she must acquire, or any remedial training he/she might require (other than, perhaps, recommending that he/she needs comprehensive retraining “from the ground up”) to allow him/her to become an acceptable standard.

H.9. “Accreditation” and/or “Re-accreditation” is not an Automatic Entitlement...

Accreditation (or re-accreditation) by the **A.H.A.** is not something that is just **automatically** bestowed upon an individual simply by virtue of the fact that the applicant can meet (or continues to be able to meet) the academic and practical experience conditions that are specified for accreditation at that time.

Accreditation (or re-accreditation) is something that is awarded entirely at the discretion of the Executive of the **A.H.A.**.

In exercising this discretion, the Executive of the **A.H.A.** may refuse to accept any application for accreditation (or re-accreditation) from any individual and/or may refuse to accredit (or re-accredit) any applicant without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all those accredited by the Australian Hypnotherapists' Accreditation Board, are on probation for the first twelve (12) months of their accreditation.

H.10. Duration of A.H.A. Accreditation...

Whenever it is granted, accreditation will be for one “accreditation year” only; and the “accreditation year” will always be the same as a “calendar year” (viz. **1 January to 31 December**).

*N.B. If the “membership year” of an otherwise qualified applicant's **A.H.A.-approved professional association** (or the “insurance year” of his/her Malpractice Liability Insurance policy's company) covers a different period (say, 1 July to 30 June each year) from the “**A.H.A.** accreditation year”, the **A.H.A.** Executive may use its discretion to award “pro-rata” accreditation for the period 1 January to the end of that “membership/insurance year”, or it may decide to award conditional accreditation for the entire “accreditation year” (viz., it is “conditional” because it will be immediately cancelled if the applicant's membership/MLI is not continued for any reason).*

H.11. Description of a Suitable (non-A.H.A.) Applicant for A.H.A. Accreditation...

Regardless of their level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no applicant will be accredited by the **A.H.A.** unless the Executive is completely satisfied that the applicant:

1. Has attained at least twenty-one (21) years of age (see **Section H.6**).

2. Is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.
3. Is in all respects likely to be accepted without reservation by the members of the **Australian Hypnotherapists' Association**.
4. Is currently a “full member in good standing” of an **A.H.A.-approved professional association** (see **Section H.2**)
5. Has his/her hypnotherapeutic practice controlled by an appropriate Code of Professional Ethics.
6. (Regardless of whether a Government-registered Health-Care professional, a “theologically trained person”, or not), has been recently psychologically appraised by an independent clinical psychologist; and **that** appraisal has indicated that he/she is a fit and proper person to practise hypnotherapy.
7. Is currently a “full-time”, professional clinical hypnotherapist (viz. his/her **major occupation** is **Clinical Hypnotherapist** and his/her **principal modality** within that occupation is **hypnotherapy**); and has been so for at least the preceding two (2) years.
8. Has not had his/her fitness to efficiently practise as a professional hypnotherapist impaired in any way by reason of infirmity, illness, or injury.
9. (From Hippocrates' aphorism, “*Practise two things in your dealings with disease: either help or do not harm the patient*”) irrespective of his/ her level of hypnotherapeutic skills, will cause no harm.
10. Is aware of how to deal with both spontaneous regression and ab-reaction.
11. Is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypnotherapy.
12. Is well aware of his/her current limitations as a clinical hypno-therapist.

13. (Taking special notice of his/her current limitations as a clinical hypnotherapist) has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

14. Understands when to refer a client to another therapist, and knows how to go about that referral process in a professional and productive way.

15. Has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

16. Has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

17. Is currently maintaining (or currently has access to) and is currently using an adequate professional library.

18. Has agreed to undertake at least 20 hours of approved "Continuing Professional Education" per annum.

H.12. Criteria for Accreditation for Applicants who are Members of an (A.H.A.)-Approved Professional Association...

The conditions for accreditation by the A.H.A. currently require that each of the "non-A.H.A. applicants who are currently members of an (A.H.A.)-approved professional association" must also have:

1. Paid all of the specified dues and/or accreditation fees, and have fully discharged any other outstanding debts to the A.H.A..

2. Attained at least twenty-one (21) years of age (see **Section H.6**).

3. Thoroughly satisfied the Executive of the **Australian Hypnotherapists' Association** that he/she is of good fame, reputation and character.

4. Thoroughly satisfied the Executive that he/she is in all respects likely to be accepted without reservation by the members of the A.H.A.

5. Satisfied the Executive of the **Australian Hypnotherapists' Association** that he/she has undertaken to be bound by a suitable Code of Professional Ethics in his/her hypnotherapeutic practice.

6. Had his/her psychological fitness to practise as a hypnotherapist examined and attested.

7. Satisfied the Executive of the **A.H.A.** that his/her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

8. Satisfied the Executive of the **A.H.A.** that his/her major current occupation is **Clinical Hypnotherapist**, that his/her principal modality within that occupation is **hypnotherapy**, and that he/she has been so employed for at least two (2) years immediately prior to lodging his/her application for accreditation.

9. Produced a current Malpractice Liability Insurance policy that verifies that he/she is carrying MLI that specifically covers his/her delivery of hypnosis and hypnotherapy for the ensuing accreditation year (see **Section H.10**).

10. Produced documentary evidence to verify that he/she possesses a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

11. (Subsequent to having acquired, at least, the minimum “academic input” requirements for Associate membership [as specified in **Section D.6.**]) had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his/her application.

12. Had the **equivalent** of at least 400 hours of “**one-class-weekly**” formal training in clinical hypnotherapy prior to lodging his/her application (see **Section B.7.**).

13. Had the **equivalent** of at least 166 hours of “**one-class-weekly**” formal training in a number of specified areas of general knowledge prior to lodging his/her application (see **Section B.7.**).

14. (When lodging his/her application) agreed that, in the event of his/ her application being rejected, neither the **A.H.A.**, nor the Accreditation Board, nor its Examiners are in any way **obligated, obliged or required** to provide any sort of advice in respect of any additional data, skills, know-ledge, procedures, etc., he/she must acquire, or any remedial training he/she might require to allow him/her to become an acceptable standard (see **Section H.7.c.**).

15. (When lodging his/her application) acknowledged that the Executive of the **A.H.A.** may refuse to accept his/her application for membership or may refuse to admit him/her to membership without it being required to provide any reason or explanation for its actions (see **Section H.7.c.**).

16. Demonstrated to the Accreditation Board's Examiners satisfaction, through the applicant's performance in a series of oral, written and practical examinations that have been set by the Executive, the Standards Committee and/or the Accreditation Board (including the presentation of two case studies), that he/she has attained at least the **A.H.A.**'s specified minimum level of competency and proficiency that is required for **Clinical** membership (as described in **Sections B.1. to B.8.**).

17. Agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

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I. Criteria for the Annual Renewal of Accreditation and Membership as “Fellow” or “Clinical Member”

I.1. The Criteria for the Annual Renewal of Accreditation and the Annual Renewal of Membership (as either a “Fellow” or “Clinical Member”)...

1. The **Australian Hypnotherapists' Association's “Fellow/Clinical Member membership year”** and the **A.H.A.'s “accreditation year”** are precisely the same as the “calendar year” (viz. 1 January to 31 December).

2. **Australian Hypnotherapists' Association membership in Clinical Member and Fellow categories** is contingent upon accreditation; and, therefore, no application for annual renewal of membership will be accepted from any **Fellow or Clinical Member** who has not been accredited by the **Australian Hypnotherapists' Accreditation Board** for the ensuing year.

3. (Except for extenuating circumstances, and except when the **A.H.A. Executive** has specifically directed otherwise) no application for re-accreditation will be accepted from any individual who did not have either **Fellow or Clinical Member** status (in good standing) on 31 December of the immediately preceding year.

4. (Except for extenuating circumstances, and except when the **A.H.A. Executive** has specifically directed otherwise) no application for re-accreditation will be accepted and/or administratively processed until all of the specified dues, renewal and/or re-accreditation fees for the ensuing year have been paid in full.

5. (Except for extenuating circumstances, and except when the **A.H.A. Executive** has specifically directed otherwise) no application for the renewal of annual membership will be accepted and/or administratively processed until all of the specified dues, renewal and/or re-accreditation fees for the ensuing year have been paid in full.

6. No application for either re-accreditation or the renewal of annual membership will be accepted unless it has been made in the **form** and the **manner** that has been prescribed by the **A.H.A. Executive**.

7. The applicant must have satisfied the Continuing Professional Education requirements that were specified by the **A.H.A. Executive** for the preceding year, and have agreed to undertake at least twenty (20) hours of appropriate Continuing Professional Education in the ensuing year.

8. The applicant must be able to satisfy the Executive of the **A.H.A.** that he/she is currently maintaining (or has access to) and is currently using an adequate professional library.

9. The applicant must be able to demonstrate that he/she has satisfied the stated Malpractice Liability Insurance requirements of the **A.H.A.** Executive for the ensuing year.

10. The applicant must be able to demonstrate that he/she has satisfied the **A.H.A.** Executive's stated requirements in relation to the possession of a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent) for the ensuing year.

11. The applicant must be able to demonstrate that he/she intends to continue to satisfy the current, stated "full-employment" requirements of the **A.H.A.** Executive for the ensuing year.

12. The applicant must be able to satisfy the **A.H.A.** Executive that his/ her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

13. **Only** those "**Life Members**" who pay the set accreditation fee for the ensuing year, and who:

- a. have satisfied the **A.H.A.** Executive's specified Continuing Professional Education requirements for the preceding year,
- b. have satisfied the **A.H.A.** Executive's specified Malpractice Liability Insurance requirements for the ensuing year, and
- c. are able to satisfy the **A.H.A.** Executive's specified "full-employment" requirements for the ensuing year,

will be re-accredited.

13. In applying for renewal of membership and for re-accreditation, the applicant implicitly agrees that, in the event of being granted leave of absence from the **A.H.A.** for a specified period of time, his/her membership and accreditation will be suspended until he/she returns.

(Provided he/she returns within the agreed time, both his/her membership and accreditation will be reinstated.)

14. In renewing his/her membership and accreditation, the applicant implicitly agrees that, if his/her **A.H.A.** membership status is suspended for disciplinary reasons, his/her accreditation will be, **ipso facto**, automatically and immediately suspended until his/her membership has been fully reinstated.

15. In renewing his/her membership and his/her accreditation, the applicant implicitly agrees that, if his/her **A.H.A.** membership status is reduced for disciplinary reasons, and in the event of that reduced membership status not attracting accreditation, his/her accreditation will immediately lapse.

16. Irrespective of the status and/or duration of his/her **A.H.A.** membership, the **membership** of any person who has not paid all outstanding dues, membership fees, accreditation fees and any other past debts to the **A.H.A.** by 31 December of any given year (or who fails to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”) will be cancelled.

17. In the event of his/her membership being cancelled on the grounds of non-payment of dues, membership fees and/or accreditation fees (or a failure to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”), any future application for **A.H.A.** membership will only be considered if an applicant is able to demonstrate that he/she has the capacity to meet the **A.H.A.’s** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of that new application.

18. In the event of his/her membership being cancelled on the grounds of non-payment of a debt to the **A.H.A.**, all of the debts must be fully discharged prior to lodging any new application.

And, if this is the case, even though all of his/her past debts may have been completely discharged, any future application for **A.H.A.** membership will only be considered if the applicant is able to demonstrate that he/she has the capacity to meet the **A.H.A.’s** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of that new application.

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J. Criteria for the Annual Renewal of “Associate” Membership

J.1. The Criteria for the Annual Renewal of “Associate” Membership...

1. The A.H.A. “**Associate Member** membership year” is the same as the “calendar year” (viz. 1 January to 31 December).
2. No application for the renewal of **Associate Membership** of the A.H.A. will be accepted from any individual who did not have **Associate Member** status (in good standing) on 31 December of the immediately preceding year.
3. The applicant must not yet be eligible to apply for **Clinical Membership**.
4. No application for the renewal of annual membership will be accepted and/or administratively processed until all of the specified dues and/or renewal fees for the ensuing year have been paid in full.
5. No application for the renewal of annual membership will be accepted unless it has been made in the **form** and the **manner** that has been prescribed by the Executive.
6. (Unless otherwise excused by the Executive) the applicant must have attended all General Meetings of the A.H.A. for the preceding year.
7. The applicant must have satisfied the Continuing Professional Education requirements that were specified by the A.H.A. Executive for the preceding year; and, unless the Executive has specifically and explicitly directed otherwise, agreed to undertake at least twenty (20) hours of appropriate Continuing Professional Education in the ensuing year.
8. The applicant must be able to satisfy the A.H.A. Executive that he/she is currently maintaining (or has access to) and is currently using an adequate professional library.
9. If the applicant has the intention of working either “full-time” or “part-time” as a clinical hypnotherapist during the ensuing year, he/she must be able to demonstrate that he/she has satisfied the stated Mal-practice Liability Insurance requirements of the A.H.A. Executive for the ensuing year.

10. If the applicant has the intention of working either “full-time” or “part-time” as a clinical hypnotherapist during the ensuing year, he/she must be able to demonstrate that he/she has satisfied the **A.H.A.** Executive's current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

11. The applicant must be able to satisfy the **A.H.A.** Executive that his/ her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

12. The applicant must be continuing to work towards gaining the specified academic, employment and practical requirements for **Clinical Membership**.
In support of his/her claim, he/she will be required to furnish whatever report the Executive may require on his/her studies and progress in the preceding year, as well as providing a detailed outline of the specific programme of study he/she intends to follow in the ensuing year.

13. In applying for renewal of his/her **Associate Membership**, the applicant implicitly continues his/her earlier agreement to undertake, comply with and complete whatever general and/or specific programme(s) of regular supervision of his/her practice of hypnotherapy as may be determined, from time to time, in his/her particular case, by the **A.H.A.** Executive for the duration of his/her **Associate Membership**.

14. In applying for renewal of his/her **Associate Membership**, the applicant implicitly continues his/her earlier agreement to attend all General Meetings of the **A.H.A.** for the duration of his/her **Associate Membership**, and continues to accept that any failure to attend such General Meetings (unless he/she has been specifically excused from such attendance by the Executive) may incur the immediate cancellation of his/her **Associate Membership**.

15. In applying for renewal of his/her **Associate Membership**, the applicant implicitly agrees that, in the event of being granted leave of absence from the **A.H.A.** for a specified period of time that is less than twelve (12) months, his/her membership will be suspended until he returns.
(Provided he/she returns within the agreed time, his/her membership will be reinstated.)

16. Irrespective of the status and/or duration of his/her **A.H.A.** membership, the **membership** of any person who has not paid all outstanding dues, membership fees and any other past debts to the **A.H.A.** by 31 December of any given year (or who fails to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”) will be cancelled.

17. In the event of his/her membership being cancelled on the grounds of non-payment of dues and/or membership fees (or a failure to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”), any future application for **A.H.A.** membership will only be considered if an applicant is able to demonstrate that he/she has the capacity to meet the **A.H.A.’s** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of that new application.

18. In the event of his/her membership being cancelled on the grounds of non-payment of a debt to the **A.H.A.**, all of the debts must be fully discharged prior to lodging any new application.

And, if this is the case, even though all of his/her past debts may have been completely discharged, any future application for **A.H.A.** membership will only be considered if the applicant is able to demonstrate that he/she has the capacity to meet the **A.H.A.’s** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of that new application.

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K. Criteria for the Annual Renewal of “Student” Membership

K.1. The Criteria for the Annual Renewal of “Student” Membership...

1. The A.H.A. “**Student Member** membership year” is the same as the “calendar year” (viz. 1 January to 31 December).
2. No application for the renewal of **Student Membership** of the A.H.A. will be accepted from any individual who did not have **Student Member** status (in good standing) on 31 December of the immediately preceding year.
3. The applicant must not yet be eligible to apply for either **Associate Membership** or **Clinical Membership**.
4. No application for the renewal of annual membership will be accepted and/or administratively processed until all of the specified dues and/or renewal fees for the ensuing year have been paid in full.
5. No application for the renewal of annual membership will be accepted unless it has been made in the **form** and the **manner** that has been prescribed by the Executive.
6. (Unless otherwise excused by the Executive) the applicant must have attended all General Meetings of the A.H.A. for the preceding year.
7. The applicant must be able to demonstrate that he/she is still being adequately supervised by his/her training institution (or his/her “master”, if an “apprentice”) in the process of his/her hypnotherapeutic studies.
8. The applicant must be continuing to work towards becoming a “full-time hypnotherapist” (however that might be defined by the A.H.A. Executive).
9. The applicant must be able to satisfy the A.H.A. Executive that his/her fitness to efficiently practise as a professional hypnotherapist is not im-paired in any way by reason of infirmity, illness, or injury.
10. The applicant must be able to demonstrate that he/she has satisfied the stated Malpractice Liability Insurance requirements of the A.H.A. Executive for the ensuing year.

11. The applicant must be able to demonstrate that he/she has satisfied the **A.H.A. Executive's** current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

12. The applicant must be continuing to work towards gaining the specified academic and practical requirements for **Associate Membership**.

In support of his/her claim, he/she will be required to furnish whatever report the Executive may require on his/her studies and progress in the preceding year, as well as providing a detailed outline of the specific programme of study he/she intends to follow in the ensuing year.

13. In applying for renewal of his/her **Student Membership**, the applicant implicitly continues his/her earlier agreement to undertake, comply with and complete whatever general and/or specific programme(s) of regular supervision of his/her practice of hypnotherapy as may be determined, from time to time, in his/her particular case, by the **A.H.A. Executive** for the duration of his/her **Student Membership**.

14. In applying for renewal of his/her **Student Membership**, the applicant implicitly continues his/her earlier agreement to attend all General Meetings of the **A.H.A.** for the duration of his/her **Student Membership**, and continues to accept that any failure to attend such General Meetings (unless he/she has been specifically excused from such attendance by the **A.H.A. Executive**) may incur the immediate cancellation of his/her **Student Membership**.

15. Irrespective of the status and the duration of their **A.H.A.** membership, the **Student Membership** of any person who has not paid all out-standing dues, membership fees and/or any other past debts to the **A.H.A.** by 31 December of any given year (or who fails to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”) will be cancelled.



L. Criteria for the Annual Renewal of Accreditation for those who are currently Members of an A.H.A.-Approved Professional Association

L.1. The Criteria for the Annual Renewal of Accreditation for those who are currently Members of an (A.H.A.)-Approved Professional Association...

1. The **A.H.A.** “accreditation year” is precisely the same as the “calendar year” (viz. 1 January to 31 December).
2. (Except for extenuating circumstances, and except when the **A.H.A.** Executive has specifically directed otherwise) no application for re-accreditation will be accepted until all of the required dues, charges and/or fees have been paid in full.
3. For a “non-**A.H.A.** member”, his/her continuing accreditation by the **Australian Hypnotherapists' Accreditation Board** is contingent upon him/her continuing to be a “full member in good standing” of an **A.H.A.-approved professional association** (see **Section H.2**).

Therefore, no application for annual renewal of **A.H.A.** accreditation will be accepted from any person who does not satisfy the **Australian Hypnotherapists' Accreditation Board** that he/she intends to continue to be a “full member in good standing” of an **A.H.A.-approved professional association** for the ensuing year.
4. (Except for extenuating circumstances, and except when the Executive of the **A.H.A.** has specifically directed otherwise) no application for re-accreditation will be accepted from any individual who was not accredited on 31 December of the immediately preceding year.
5. The applicant must have satisfied the Continuing Professional Education requirements that were specified by the **A.H.A.** Executive for the preceding year.
6. The applicant must be able to satisfy the **Australian Hypnotherapists' Accreditation Board** that he/she is currently maintaining (or has access to) and is currently using an adequate professional library.
7. The applicant must be able to demonstrate that he/she has satisfied the stated Malpractice Liability Insurance requirements of the **A.H.A.** Executive for the ensuing year.

8. The applicant must be able to demonstrate that he/she has satisfied the **A.H.A. Executive's** current specifications with respect to possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent).

9. The applicant must be able to satisfy the **Australian Hypnotherapists' Accreditation Board** that his/her fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

10. Amongst those “full members in good standing” of an **A.H.A.-approved professional association** who have also been awarded the status of “**Life Member**” of *that* association, **only those who have paid the set accreditation charges and fees for the ensuing year**, and who also:

- a. have satisfied the **A.H.A. Executive's** specified Continuing Professional Education requirements for the preceding year,
- b. have satisfied the **A.H.A. Executive** that he/she is carrying Malpractice Liability Insurance (MLI) which specifically covers his/her delivery of hypnosis/hypnotherapy for the ensuing year,
- c. have satisfied the **A.H.A. Executive** that he/she possesses possessing a current **St John Ambulance Senior First Aid Certificate** (or its acceptable equivalent), and
- d. are able to satisfy the **A.H.A. Executive's** specified “full-employment” requirements for the ensuing year,

will be re-accredited.

11. By applying for the renewal of his/her accreditation, the applicant implicitly agrees that, in the event of his/her being granted leave of absence from his/her **A.H.A.-approved professional association** for a specified period of time that is less than twelve (12) months, his/her accreditation will be suspended; and, provided he/she returns within the agreed time, his/her accreditation will be reinstated.

If he/she is granted leave of absence for more than twelve (12) months, or if he/she fails to return within the agreed time, his/her accreditation will be automatically cancelled.

12. By applying for the renewal of his/her accreditation, the applicant implicitly agrees that, if his/her **A.H.A.-approved professional association** membership is suspended for disciplinary reasons, his/her accreditation will, **ipso facto**, be automatically and immediately suspended until his/her membership has been reinstated.

13. By applying for the renewal of his/her accreditation, the applicant implicitly agrees that, if his/her **A.H.A.-approved professional association** membership status is reduced for disciplinary reasons, and in the event of that reduced membership status not attracting accreditation, his/her accreditation will immediately lapse.

14. Irrespective of the status and/or duration of his/her accreditation, the accreditation of any person who has not paid all outstanding dues, fees and any other past debts to the **A.H.A.** by 31 December of any given year (or who fails to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”) will be cancelled.

15. In the event of his/her accreditation being cancelled on the grounds of either non-payment of his/her accreditation dues/fees (or a failure to comply with the terms of a “mutually-agreed-upon-payment-by-instalment-plan”) or because he/she could no longer be considered to be working “full-time” (viz. his/her **major occupation** being **Clinical Hypnotherapist** and his/her **principal modality** within that occupation being **hypnotherapy**), any future application for accreditation will only be considered if an applicant is able to demonstrate that he/she has the capacity to meet the **A.H.A.’s** specific performance, competence and proficiency criteria for accreditation that are in force on the day of that new application.

16. In the event of his/her accreditation being cancelled on the grounds of non-payment of a debt to the **A.H.A.**, all of the debts must be fully discharged prior to lodging any new application.

And, if this is the case, even though all of his/her past debts may have been completely discharged, any future application for accreditation will only be considered if an applicant is able to demonstrate that he/she has the capacity to meet the **A.H.A.’s** specific performance, competence and proficiency criteria for accreditation that are in force on the day of that new application.

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Appendix One: The Australian Hypnotherapists' Accreditation Board...

For the general information of applicants, **Section Eighteen** of the **Articles of Association** of the Australian Hypnotherapists' Association states:

SECTION EIGHTEEN — ACCREDITATION BOARD.

A.18.(a) Accreditation Board:— *The Australian Hypnotherapists' Accreditation Board, Inc.*, hereinafter referred to as the **Accreditation Board** is a sub-committee of the Association invited by the Executive comprised of the President **ex officio** who shall serve as the Executive Officer and unless otherwise directed two additional members selected from an appointed panel of no less than four and no more than eight additional members.

A.18.(b) *In the event of the President being expressly excluded by the provisions of **Articles A.18.(h), (i), and (j)** below the Executive will appoint the Vice President or where the Vice President is also expressly excluded by the provisions of **Articles A.18.(h), (i), and (j)** below the Executive will appoint another member of the Executive to the President's **ex officio** position on the **Accreditation Board**.*

A.18.(c) *Always provided that such individual members are not expressly excluded by the provisions of **Articles A.18.(g), (h), (i), and (j)** below the remaining additional positions on the **Accreditation Board** and/or the **Accreditation Board's** appointed panel as specified in **Article A.18.(a)** above may be occupied by other members of the Executive and/or other non-Executive members of the Standards Committee or Ethics Committee and/or any other Clinical Member or Fellow.*

A.18.(d) *Notwithstanding the provisions of **Article A.18.(c)** above the Executive may in its discretion from time to time appoint specific individuals who are not members of the Association to a maximum of one of the additional positions on the **Accreditation Board's** sub-committee and two of the additional positions on the **Accreditation Board's** appointed panel as specified in **Article A.18.(a)** above always provided that such individuals can never serve as the Executive Officer as further specified in **Article A.16.(i)(i)** and provided that they are not expressly excluded by the provisions of **Article A.18.(g)** or **Articles A.18.(h), (i), and (j)** below and have entirely satisfied the Executive that:*

- (i.) they are of good fame and character, and*
- (ii.) they are in all respects likely to be accepted without reservation by the members of the Association, and*
- (iii.) they conduct all of their professional and personal affairs within the spirit of **Articles A.18.(f)(xiv.)** and **A.12** in general, and **Articles A.12.(a)(iv.), A.12.(a)(v.), A.12.(b)(iii.), A.12.(b)(iv.), and A.12.(b)(v.)** in particular.*

A.18.(e) Notwithstanding the provisions of **Article A.18.(d)** above the Executive will only offer invitations of appointments to the **Accreditation Board** to those individuals who prior to accepting their appointment have:

(i.) acknowledged under their signature that they agree to vacate their position on the **Accreditation Board** immediately the Executive requests them so to do, and

(ii.) signed for and received a current copy of the **Memorandum and Articles of Association** of the Association, a current copy of the **Administrative By-laws** of the Association, a current copy of the **Accreditation Regulations** of the Association and a current copy of the **Code of Ethics** of the Association, and

(iii.) acknowledged under their signature that they have read and understood and agree that they will be bound by and will abide by the provisions of the **Memorandum and Articles of Association** of the Association, the **Administrative By-laws** of the Association, the **Accreditation Regulations** of the Association and the **Code of Ethics** of the Association and to any subsequent amendment from time to time to such documents, and

(iv.) made a sworn declaration before a Justice of the Peace or the statutory equivalent in that particular State or Territory that they will conduct themselves in all of their professional dealings with the public in accordance with the provisions of the **Memorandum and Articles of Association**, **Administrative By-laws**, **Accreditation Regulations** and **Code of Ethics** of the Association for as long as they remain a member of the **Accreditation Board**, and

(v.) acknowledged under their signature that whilst acting in the capacity of a member of the **Accreditation Board** in accordance with the provisions of **Article A.16.(j)(i.)** they will not represent that they individually or collectively have the authority and/or responsibilities of the Association's Executive, and

(vi.) acknowledged under their signature that whilst acting in the capacity of a member of the **Accreditation Board** in accordance with the provisions of **Article A.16.(j)(iii.)** they will not at any time represent and/or hold out to any party whatsoever that their capacity to represent and or act on behalf of the Association is other than in a limited agency capacity more particularly defined in these Articles and in the Association's **Administrative By-laws**, and

(vii.) receive copies of the aforementioned and the sworn and signed originals will be retained by the Association.

A.18.(f) The **Accreditation Board** is responsible to the Executive for determining whether a particular individual has attained at least the minimum level of competency and proficiency specified for a particular category of membership or accreditation and/or has satisfied the requirements for continued membership or re-accreditation and/or whose capacity to efficiently practise as a professional hypno-

therapist has not been impaired by infirmity illness or injury and without limiting the Executive and in addition to any other directives the Executive may give from time to time responsible to the Executive for the following duties:

- (i.) administer the Associations' **Accreditation Regulations**,*
- (ii.) whenever necessary and/or upon the request of the Executive consult with the Standards Committee and/or Ethics Committee on general and specific issues of continuing education remedial education and the accreditation process and/or general issues of clinical standards and professional ethics or on specific interpretation/s relating to particular issues thereof,*
- (iii.) at the request of the Executive and in consultation with the Standards Committee assist the Executive to create specific guide-lines and criteria for determining whether or not an individual is a professional practising hypnotherapist as more specifically set out in **Article A.1.(p)** and as required by **Articles A.6.(i)** and **A.7.(d)**,*
- (iv.) except where the Executive in its discretion under the provisions of **Articles A.4.(f)** and **A.8.(b)** directs otherwise ensure that applicants seeking admission or re-admission to membership at any status renewal of membership elevation of their membership status accreditation and/or re-accreditation have met all of the pre-requisite conditions and have acquired all the qualifications and clinical experience required for application or re-application,*
- (v.) at the Executive's request and where directed calling upon specific professional assistance and advice from particular members and/or others outside the Association conduct interviews and unless the Executive in its discretion has directed otherwise in a particular case under the provisions of **Articles A.3.(d)(i.)** and **A.4.(b)(v.)** conduct any interviews appraisals and examination/s of any form or content it may require and where necessary in place of or in addition to those specified by the Executive in accordance with the Association's **Accreditation Regulations** and the provisions of **Article A.4.(b)(v.)** in order for it to be satisfied that a given individual:
 - (a) has acquired the levels of competence and proficiency specified by the relevant **Accreditation Regulations**,*
 - (b) is of good fame and character,*
 - (c) is in all respects likely to be accepted without reservation by the members of the Association,*
 - (d) in the case of an applicant for Clinical Membership is a professional practising hypnotherapist, and*
 - (e) has met all of the specified requirements for Student Membership, Associate Membership or Clinical Membership and/or accreditation,**

(vi.) directly inform the Executive of the outcome of its examination of an application for admission to membership renewal of membership elevation of membership status and/or accreditation or re-accreditation and when appropriate make recommendations concerning the acceptance conditional acceptance and/or rejection of the application and/or the need for the applicant to be re-examined or to engage in a specific individual programme of continuing education additional training and/or clinical supervision,

*(vii.) bring to the Executive's direct attention any ambiguities equivocations errors or omissions revealed in the Association's **Code of Ethics** and **Accreditation Regulations** and wherever appropriate recommend possible clarifications amendments and/or alterations,*

(viii.) bring to the Executive's direct attention any specific or general problems unusual difficulties or circumstances or any other issues that may have been revealed during the administration of the accreditation process and/or the conduct of any interview appraisal or examination and wherever appropriate recommend possible solutions,

(ix.) at the Executive's request assist the Executive to review monitor and/or amend the structure form and content of any system of:

*(a) oral written and/or practical examinations in relation to the Association and/or membership of any status thereto that may have been established under the provisions of **Article A.4.(b)(v.)**, and*

*(b) oral written and/or practical examinations in relation to accreditation under the Associations' **Accreditation Regulations** that may have been established under the provisions of **Article A.4.(b)(v.)**,*

*(x.) at the Executive's request and where directed calling upon specific professional assistance and advice from particular members and/or others outside the Association conduct any interviews appraisals and examination/s of any form or content it may require in addition to those specified by the Executive in accordance with the Association's **Accreditation Regulations** and the provisions of **Article A.4.(b)(v.)** in order for it to be satisfied that a given individual is fit to be re-accredited,*

*(xi.) at the Executive's request and where directed calling upon specific professional assistance and advice from particular members and/or others outside the Association conduct any interviews appraisals and examination/s it may require in order for it to be satisfied that it is appropriate to accredit or re-accredit a particular professional practising hypnotherapist who although not being a member of the Association of any status is currently a full member in good standing of an **approved professional association** as more particularly set out in **Section H.2** of the Association's **Accreditation Regulations**,*

(xii.) Notwithstanding the provisions of **Article A.18.(f)(xi)** above in accordance with the provisions of **Section H.3** of the Association's **Accreditation Regulations** no application for accreditation will be accepted from any individual who has previously had his Australian Hypno-therapists' Association membership cancelled under the provisions of **Article A.12**,

(xiii.) at the Executive's request and in any way the Executive directs determine whether a specific individual who is neither a member of the Association nor a member of an **approved professional association** as more particularly set out in **Section H.2** of the Association's **Accreditation Regulations** and who is neither an applicant for admission to membership of the Association of any status nor for accreditation has otherwise acquired all of the specified competencies and specified levels of proficiency and specified levels of clinical experience that are otherwise required for admission to Clinical Membership of the Association,

(xiv.) in relation to any accredited individual who although not being a member of the Association of any status is currently or has previously been a full member in good standing of an **approved professional association** as more particularly set out in **Sections H.1** and **H.2** of the Association's **Accreditation Regulations** immediately bring to the Executive's direct attention any issue in relation to the possibility of that particular individual having:

(a) failed in the observance of any regulation or order of the Executive and/or Accreditation Board,

(b) by any act or omission demonstrated a lack of adequate knowledge experience skill judgement or care in the practice of hypnotherapy,

(c) engaged in any other unprofessional improper or unethical conduct relating to the practice of therapy in general or hypno-therapy in particular,

(d) displayed conduct that may have rendered them unfit to practise as a hypnotherapist,

(e) been convicted of an offence that may have rendered them unfit to practise as a therapist,

(f) been disciplined been subject to a programme of personal clinical supervision had their membership status reduced and/or been suspended or expelled from membership by the Executive or its equivalent in that **approved professional association**,

*(g) been the subject of a verbal or written complaint or other allegation that is currently being investigated by the Executive and/or Ethics Committee or their equivalent in that **approved professional association** concerning their personal character performance judgement skills knowledge clinical standards and/or professional ethics,*

(h) become infirm or ill or injured and having thereby become unfit to efficiently practise hypnotherapy,

(i) been declared insane in accordance with the legal definition of insanity as applied by the Department of Health or its statutory equivalent in the State or Territory within which the accredited individual resides, and/or

*(j) been guilty of any act or practice or conduct which may bring discredit to or lower the status of the **Association** and/or the **Accreditation Board**,*

(xv.) at the Executive's request and direction liaise with other professional associations Government departments teaching establishments and any other individuals or groups of individuals in relation to the structure and administration of accreditation systems and accreditation boards peer group accreditation and re-accreditation the verification of professional competencies and proficiencies and/or the establishment and maintenance of the rights privileges clinical standards and/or professional ethics of professional practising hypnotherapists,

*(xvi.) maintain a register of accredited individuals recording each individual's full name date of birth professional address(es) residential address postal address date of accreditation and/or re-accreditation and whether or not the individual is a member of the Association and where the accredited individual is not a member of the Association details of their **approved professional association**, and*

*(xvii.) in response to the Executive's express direction and in accordance with the provisions of **Article A.12.(l)** recording in the register that a particular individual is no longer accredited.*

A.18.(g) *In accordance with the provisions of **Article A.15.(d)** above no individual whether currently a member of the Association or not will be entitled to be a member of the Accreditation Board who has at any time in accordance with the provisions of **Article A.12** been disciplined been subject to a programme of personal clinical supervision had their membership status reduced and/or been suspended or expelled from membership.*

A.18.(h) *In accordance with the provisions of **Article A.15.(e)** above any member of the Accreditation Board who is the subject of a written complaint in accordance with the provisions of **Article A.12** and as more particularly set out in **Articles A.12.(c)** and **A.12.(e)** shall immediately stand down from the Accreditation Board pending determination of the complaint by the Executive and will only resume their position on the Accreditation Board following the Executive's express invitation.*

A.18.(i) *In accordance with the provisions of **Article A.15.(f)** above the Executive may in its discretion direct any member of the Accreditation Board who is the subject of a verbal complaint in accordance with the provisions of **Article A.12** and as more particularly set out in **Articles A.12.(d)** and **(f)** that has not been sub-sequently made in written form or of any other allegation in any form whatsoever to immediately stand down from the Accreditation Board pending determination of the complaint or allegation by the Executive and that particular individual will only resume their position on the Accreditation Board following the Executive's express invitation.*

A.18.(j) *To establish and maintain the independence of the Association and the Accreditation Board and to ensure the integrity and probity of the accreditation process any person who is a principal of and/or an employee of and/or a contractor to any individual or institution or corporation that provides any form of vocational training in hypnotherapy at a professional level will not be eligible to be a member of the Accreditation Board.*



About the Author

Lindsay Yeates was born in Melbourne.

He was educated at ***Caulfield Grammar School***, the ***Swinburne Institute of Technology***, the ***Royal Melbourne Institute of Technology***, the ***Cancer Institute Board of Victoria***, and the ***Australian National University***.

Lindsay is a Fellow of the ***Australian Hypnotherapists' Association***, and a long-term Member of the ***Australian Society of Clinical Hypnotherapists***, as well as being a Fellow of the ***Australian Natural Therapists Association***, and a Founding Member of the ***International Association for the Study of Traditional Asian Medicine***.

A therapy radiographer, medical anthropologist, linguist, and a qualified practitioner of traditional Chinese medicine, Lindsay is an expert, highly experienced specialist clinical hypnotherapist who conducted an extensive, high-profile clinical practice at the Sports Centre of the ***Australian National University*** for ten years prior to his moving to Rose Bay in 1988.

Since 1988, and in addition to his outstanding work as a specialist clinical hypnotherapist, Lindsay has also been the Director and the Academic Head of the ***Rose Bay Hypnotherapy Centre***.