

INSTITUTE FOR RAPID RESOLUTION THERAPY, INC.

Phone: 1-800-587-2623 Fax: 1-800-779-4150

Application for Certification as a Practitioner in Clinical Hypnosis with Rapid Trauma Resolution

Certification Requirements

- In order to be certified by the Institute for Rapid Resolution Therapy as a Practitioner in Clinical Hypnosis with Rapid Trauma Resolution, an individual must be licensed as a physician or mental health professional or be a registered intern in a mental health profession.
- Applicants must have a minimum of 50 hours of training in Clinical Hypnosis with Rapid Trauma Resolution.
- Certified Practitioners must review advanced case material and attend at least one 25-hour advanced level training per year.
- The Institute for Rapid Resolution Therapy, Inc. is dedicated to providing the highest level of service to all individuals who have suffered from sexual violence and other severe trauma regardless of their financial status. Certified Practitioners are required to provide pro bono services to those lacking financial resources with reasonable frequency.
- In order for certification status to remain active, the annual certification fee must be paid in full.

Benefits of Certification

- Advanced case materials which teach the process of Clinical Hypnosis with Rapid Trauma Resolution delivered on a monthly basis
- Monthly teleconference training and coaching
- Attendance with tuition waived at two 25-hour advanced level trainings per year (within current/paid year of certification)
- National listing as a Certified Practitioner in Clinical Hypnosis with Rapid Trauma Resolution on the IRRT WEB site
- Referrals from the Institute for Survivors of Sexual Violence

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Certified Practitioner Application

Payment Authorization Form

Registration for Annual IRRT Certification as a Practitioner of Clinical Hypnosis and Rapid Trauma Resolution

I authorize The Institute for Rapid Resolution Therapy, Inc. to charge my credit card as indicated below for my certification by The Institute for Rapid Resolution Therapy.

Visa MasterCard American Express Discover

Credit Card Number _____

Expiration Date _____ Security Code _____ (3 digit code on back of card for Visa, MC & Discover or 4 digit code on front of Amex)

Name on Card _____

Credit Card Billing Address _____

City/State _____ Zip _____

Phone _____

E-mail _____

I give my consent to the Institute for Rapid Resolution Therapy to bill my credit card \$97 per month for one year of certification under the terms below.

I give my consent to the Institute for Rapid Resolution Therapy to bill my credit card a single payment of \$995 for one year of certification under the terms below.

TERMS OF AGREEMENT

This authorization shall remain in effect for one year and will renew automatically unless I notify the Institute for Rapid Resolution Therapy, Inc. in writing of my wish to cancel within 30 days of my renewal date. My monthly credit card statement or bank statement will serve as my receipt.

Signature _____ Date _____

Please send completed form via fax to 800-779-4150, e-mail to rtrbilling@gmail.com or by mail to the following address:

Institute for Survivors of Sexual Violence P.O. Box 47775 Tampa, FL 33646