



IACT – IMDHA

8852 SR 3001 Laceyville, PA 18623

Call: 570.869.1021 • Text: 570.871.0210 • Fax: 570.869.1249

Email: staff@iact.org • staff@imdha.com

Mentor Program

THE OPPORTUNITY OF A LIFETIME!

Design :

The mentoring program is designed exclusively for **Certified Practitioners** who wish to expand their knowledge base in a supportive atmosphere. It provides the opportunity to learn and apply hypnotherapy techniques, related modalities and business practices through independent study. You will continue to learn *in direct contact* with an individual mentor for your program term via **phone, e-mail and Skype/Zoom**. You can rest assured that every interaction with your assigned Mentor will be invaluable. This exceptional program allows you time and resources to have *your specific concerns* addressed as you move forward in your fulfilling hypnosis career.

Specifics :

Meetings will be scheduled at the discretion of the assigned Mentor.

Enrollment duration is six consecutive calendar months beginning on the date of assignment to a Mentor.

Your success within the mentoring program depends on your participation and willingness to complete assignments.

Topics of Interest :

Your program **will vary** to meet your specific mentoring need and may involve addressing these common concerns: setting up a practice, pre-talk, post talk, recordings, various inductions for different types of clients, special concerns, actual cases, what's new in the field, how to integrate what you have learned, skill building, group hypnosis tips and techniques, confidence enhancement, therapy strategies, marketing and advertising, preparation for public appearances and presentations and etc.

Tuition :

Program cost is just \$675.00. A \$75.00 registration is due (paid to the Association) at the time of registration. The remaining \$600.00 is to be paid to the assigned Mentor.

Continuing Education Hours :

You will earn hour-for-hour CEU's upon **successful completion** of your 6-month program.

Questions :

Please direct any additional questions or concerns to the Corporate Office.

Start your mentoring program today! You are worth the EXTRA support.

I have read all of the above and agree to abide by all the terms herein.

I would like to participate in this program as one to be mentored. Please contact me as soon as possible.

Signature : _____ Date : _____

Information : Please check all that apply **IACT Certified Member** **IMDHA Certified Member**

Last Name (Fam/Sur) : _____ First Name (Given) : _____ Middle : _____

Address : _____ City : _____

State/Province : _____ Postal Code : _____ Country : _____

Home Phone : _____ Bus Phone : _____ Email : _____

Payment Information : Enter payment details below OR securely pay \$75 fee online here →

Check /MO # : _____ Credit Card Number : _____ Exp : ____/____ CVV# : _____
(Check **must** be drawn from US bank) (Visa, MasterCard, Discover, American Express accepted)

My Specific Mentoring Goals or Interests : _____

NOTE: The Association does NOT process or handle mentor payments.
\$600.00 must be paid **directly** to your mentor for his/her time and talent invested in your success!
Preferred Payment Method and arrangements must be made with the assigned Mentor.
Payment Schedule may be an option and is solely at the discretion of Mentor.

OFFICE USE ONLY:

Registration Fee Payment Date : ____/____/____ Amount \$ _____

Mentor **PAID IN FULL** Date : ____/____/____ Amount \$ _____

Assigned Mentor : _____

Mentor Email : _____

Date Assigned : ____/____/____ Date Completed : ____/____/____ Evaluations Received Date : ____/____/____

Comments :

