



# *International Medical and Dental Hypnotherapy Association® Supervised ~ Mentor Program THE OPPORTUNITY OF A LIFETIME!*

IMDHA Mentoring Program ~ Rural Route #2 Box 2468 ~ Laceyville, PA 18623  
Phone : Pat or Jim Sievert at (440) 532-0217    Email: [imdhapeermentor@sbcglobal.net](mailto:imdhapeermentor@sbcglobal.net)  
[www.imdha.com/mentoring.php](http://www.imdha.com/mentoring.php)

## **DESIGN:**

The mentoring program is designed exclusively for graduates of **IMDHA Approved Schools** and **IMDHA Certified Hypnotherapists** who wish to expand their knowledge base in a supportive atmosphere. It provides the opportunity to expand and apply hypnotherapy techniques and business practices learned in school and through independent study. You will continue to learn *in direct contact* with an individual mentor for your program term via *phone and e-mail*. You can be 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.

**Group interaction** is a valued learning tool as well as the advice from your Mentor. With this in mind, it is required that all participants of the Formal Mentoring Program be registered in the **FREE IMDHA Mentoring Discussion Group** on the web at [http://health.groups.yahoo.com/group/IMDHA\\_hypnosismmentor](http://health.groups.yahoo.com/group/IMDHA_hypnosismmentor).

If you are assigned to an area where mentoring meetings are available and scheduled, regular attendance is expected. Groups may meet at the discretion of the Mentor and your successful mentoring program depends on your attendance to any meetings held. This will enable you to gain so much more through networking, **additional teaching**, and presentations from experts in the Hypnotherapy field.

## **SPECIFICS:**

Preferred method of contact and/or meeting time and location (if available) will be set by agreement of the Mentor and Mentee. Mentoring relationships provide for extended learning, socialization, as well as professional networking. In this design of the mentoring relationship, **giving and receiving are one!** Enrollment duration is six consecutive calendar months beginning on the date of assignment to a Mentor.

## **TOPICS OF INTEREST:**

Many of the contacts with your mentor 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 more. **Your Program will vary** to meet your specific mentoring needs.

## **TUITION:**

**Tuition** is just \$575.00. Payment schedule is \$75.00 registration fee to be paid at time of registration, and the remaining \$500.00 paid to the Mentor according to the plan on page 2 of this document.

## **Continuing Education Hours**

**Earn 15 CEH's** upon successful completion of the 6-month program.

## **QUESTIONS:**

*Any questions may be directed to Pat or Jim Sievert, CHt., Mentoring Program Directors.  
Contact Pat or Jim at 440-532-0217, or by e-mail at [imdhapeermentor@sbcglobal.net](mailto:imdhapeermentor@sbcglobal.net).  
Patricia and James Sievert, CHt, are IMDHA Lifetime Fellows.*

# ~ 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.*

**Print/Type** Name: \_\_\_\_\_ IMDHA Registration # \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: (USA) \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Email: \_\_\_\_\_

***\$75.00 registration is due with this application.***

Please accept my **registration fee of \$75.00**. Enclosed is my check drawn on a **US Bank for US funds** with this form **OR** charge my credit card,

V/MC/Disc # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV # \_\_\_\_\_

My Specific Mentoring Program Goals or Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to request the following IMDHA Mentor if available: \_\_\_\_\_

**Paying by Check - Make \$75.00 Registration Checks Payable to **IMDHA****

**Mail To:**

**IMDHA MENTOR PROGRAM**

Rural Route #2 Box 2468

Laceyville, PA 18623

***Please note: \$500.00 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***

***Please pay your Mentor directly upon assignment.***

***IMDHA Does Not Process or Handle Mentor Payments***

***Payment Schedule may be an option. This is solely at the discretion of your assigned Mentor.***

**For Office Use:**

**Program Registration**                      Payment Date: \_\_\_\_\_                      Amount \$ \_\_\_\_\_

**Mentor Paid In Full**                      Date Verified by Mentor: \_\_\_\_\_                      Amount \$ \_\_\_\_\_

Assigned to: \_\_\_\_\_

Mentor Email \_\_\_\_\_

Mentor Address: \_\_\_\_\_ Country (USA) \_\_\_\_\_

Mentor Phone (\_\_\_\_\_) \_\_\_\_\_ Mentor Fax (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Evaluations Received @ IMDHA Mentor Director                      Date: \_\_\_\_\_                      Date: \_\_\_\_\_