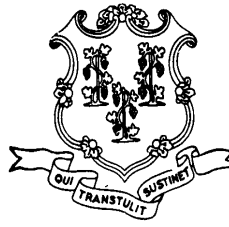


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



Instructions for Hypnotist Applicants

Definitions

- **“Hypnotist”** means any person who performs hypnosis, but does not include those individuals licensed by this State to perform medical, dental, nursing, counseling or other health care, substance abuse or mental health services.
- **“Hypnosis”** means an artificially induced altered state of consciousness, characterized by heightened suggestibility and receptivity to direction.

Application Fee:

- A check or money order in the amount of **\$100.00** made payable to **“Treasurer, State of Connecticut”** must accompany the application. Application fees are non-refundable. Once approved, Hypnotist registrations are non-transferable or assignable. All registrations expire annually on October 31st.

Exemptions:

- This registration does not include those individuals licensed by this State to perform medical, dental, nursing, counseling or other health care, substance abuse or mental health services.

Changes:

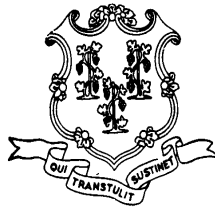
- Any change of a registered hypnotist’s name, residence address, business address or status as a registered sexual offender (pursuant to Chapter 369 of the Connecticut General Statutes, or an equivalent statute in another jurisdiction) must be reported in writing to the Department of Consumer Protection within thirty (30) days of said change.

Return your completed application and fee to:

 **Department of Consumer Protection
License Services Division
165 Capitol Avenue
Hartford, CT 06106**

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For Official Use Only

Application for Hypnotist Registration

The individual applying for registration must complete this form. A check or money order in the amount of **\$100.00** made payable to "Treasurer, State of Connecticut" must accompany the application. Return your completed application and fee to the address indicated above. All registrations expire annually on October 31st.

Applicant Information			
First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Telephone Number	Email Address		
Social Security Number	Date of Birth	Driver's License Number and State Issued	
1. Have you been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.			
2. Have you been registered as a sexual offender pursuant to Chapter 969 of the Connecticut General Statutes or an equivalent statute in another state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.			

Business Information			
Business Name (if applicable)			
Street Address	City	State	Zip Code
Telephone Number	Email Address		

Please check (✓) preferred address for mailing: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Other as indicated below			
Street Address	City	State	Zip Code

Certification	
<p><i>I have read the above statement and it is true to the best of my knowledge. I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Commissioner of Consumer Protection or any person designated by the commissioner in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.</i></p>	
Signature of Applicant	Date
Subscribed and sworn to before me, this _____ day of _____ 20 _____	
Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court	My Commission Expires