



## BOARD OF BEHAVIORAL SCIENCE EXAMINERS

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Office Use

Code # \_\_\_\_\_

Hours \_\_\_\_\_

## HYPNOSIS EDUCATION VERIFICATION

This form may be completed and signed by the provider or accompanied by a certificate from the provider that answers all the questions. Use a separate form for each course. Pertinent Sections of the Business & Professions Code and Title 16 of the California Administrative Code are on the back of this form.

This is to certify that DIANNE RUTH LITTLE, MFCC # \_\_\_\_\_ has successfully completed the following course in the use of hypnosis:

Course Title: CLINICAL HYPNOTHERAPY FOR THE PROFESSIONAL

Course Code No: 87-13

Dates of the Course: Apr 23-26

The above licensed person was in attendance for the following course hours:

Theory hours: 30 Clinical Hours: 10

Name of Provider: ELEANOR S. FIELD, Ph.D. Date: May 3, 1987

Authorized Signature: Eleanor S. Field, Ph.D. Title: PSYCHOLOGIST, MFCC

(Note to Licensee: Any comments you may wish to offer about this course would be appreciated in the space provided below.)