United States

Hypnosis & Hypnotherapy Law and Scope-of-Practice Guide

State Laws • Professional Boundaries • Title Use
Referral & Supervision • Online Practice

An Educational and Informational Resource for Hypnosis Professionals

- *50 States + District of Columbia*
- *Clear State-by-State Summaries*
- *Official Source References*
- *Risk-Level Guidance*

IAIH / Institute of Interpersonal Hypnotherapy

PUBLICATION EDITION — Research updated August 2026

Educational and informational resource. Not legal advice.

Table of Contents

United States Hypnosis & Hypnotherapy Law and Scope-of-Practice Guide

IAIH / Institute of Interpersonal Hypnotherapy

PUBLICATION EDITION — Research updated August 2026

Educational and informational resource. Not legal advice.

About This Guide

This guide is a starting point for identifying laws and professional-practice restrictions that may apply to hypnosis and hypnotherapy in the United States. It summarizes research into statutes, regulations, and official agency materials and provides links to underlying authorities where available. It does not determine whether any particular practitioner, service, title, advertisement, or activity is lawful in a particular circumstance.

How to Use This Guide

Use each state profile as an orientation and verification tool. Read the summary together with the cited authority, independently confirm that the authority remains current, and consider the practitioner's credentials, services, advertising, client location, and other facts. Where the law is unclear or the proposed service may enter a licensed profession, consult the appropriate state regulator or qualified legal counsel before proceeding.

- Occupational titles: whether "Hypnotherapist," "Hypnotist," "Clinical Hypnotherapist," or related titles are expressly restricted, indirectly restricted, or unaddressed in each jurisdiction.
- Therapeutic boundary: where hypnosis moves from self-improvement/habit/performance work into medicine, psychology, counseling, psychotherapy, dentistry, or another licensed profession.
- Referral and supervision: whether a referral, prescription, direction, supervision, responsibility, or collaboration relationship actually creates legal authority for an otherwise unlicensed practitioner, and what documentation is required.
- Interstate/online practice: whether the client's physical location controls, whether the practitioner's location also matters, and whether any state-specific telepractice or registration rule applies.
- Advertising and terminology: whether words such as "therapy," "clinical," "treat," "heal," "pain management," or "mental health" create title or scope risk even when the underlying service is otherwise lawful.
- Institutional standard: whether IAIH/IIH should continue to recommend the more restrictive applicable rule when practitioner and client jurisdictions differ or the law is uncertain.

Research Status

OFFICIAL SOURCE RECHECKED — an official statute, regulation, or agency source was reviewed during the most recent research update. ADDITIONAL VERIFICATION RECOMMENDED — the entry incorporates prior research, but readers should independently confirm current primary authority, scope, title rules, and interstate application before relying on it.

1. Purpose and Governing Principle

The purpose of this guide is to help hypnosis professionals distinguish between the lawful use of hypnosis as a nontherapeutic service and uses that may fall within medicine, psychology, counseling, psychotherapy, dentistry, or another licensed profession. State law varies substantially. A technique may be lawful in one jurisdiction, lawful only under specified conditions in another, and reserved to licensed professionals in another.

The central compliance principle is therefore: the legal issue is not merely whether hypnosis is being used, or which occupational title is used, but what service is actually being provided, to whom, for what purpose, how it is represented, and which state laws apply.

- IAIH certification and an IIH diploma are educational/professional credentials; they are not state health-profession licenses.
- A referral, prescription, supervision relationship, or collaboration with a licensed practitioner is legally significant only where the applicable law recognizes it. It is not a universal safe harbor.
- Words such as coaching, facilitation, hypnosis, hypnotherapy, or self-improvement do not control the legal analysis if the actual service constitutes diagnosis or treatment of a regulated health condition.
- Conversely, the mere use of hypnosis does not automatically make a service psychotherapy or medical treatment in every jurisdiction.

2. Occupational Titles: “Hypnotist” and “Hypnotherapist”

The federal Classification of Instructional Programs (CIP) includes the educational program title “Hypnotherapy/Hypnotherapist” under CIP 51.3603. This is meaningful as an educational classification, but it does not create a federal professional license, preempt state scope-of-practice law, or guarantee that the occupational title may be used without qualification in every state.

IAIH/IIH position: IAIH/IIH may continue to recognize “Hypnotherapist” as an occupational/credentialing title, but practitioners must verify that the title does not imply a state license or a legal authority to provide psychotherapy, mental-health treatment, medical treatment, or other regulated services that they do not possess. In higher-risk jurisdictions, practitioners may choose a more conservative public-facing title such as “Certified Hypnosis Practitioner” or “Certified Hypnotist.”

- Do not use “licensed hypnotherapist” unless a jurisdiction actually issues such a license and the practitioner holds it.
- Avoid titles containing protected terms such as psychologist, psychotherapist, mental health counselor, clinical social worker, physician, or other licensed designations unless legally held.
- The word “clinical” requires special caution because some states restrict clinical titles or may regard them as implying regulated health practice.

3. Therapeutic, Nontherapeutic, and Gray-Area Hypnosis

For compliance purposes, IAIH/IIH should use a continuum rather than a rigid binary. The client’s diagnosis, the practitioner’s stated purpose, the intervention, advertising claims, referral context, and applicable state definitions all matter.

Zone	Examples	Primary legal concern	IAIH/IIH working

			approach
Generally nontherapeutic / self-improvement	Relaxation; general confidence; public speaking; study skills; sports/performance; motivation; habit-focused smoking cessation; weight-management support when not treating obesity, eating disorder, or another diagnosed condition.	Consumer protection, advertising, title restrictions, and any state-specific hypnosis registration rules still apply.	May generally be appropriate for an unlicensed hypnosis practitioner if state law permits and no medical/mental-health condition is being treated.
Gray area / enhanced screening needed	Stress; sleep improvement; anxious feelings; situational sadness; grief support; fears; relationship patterns; pain coping; trauma-related language without a diagnosis; "emotional healing"; compulsive habits.	These subjects can be ordinary life concerns or symptoms of diagnosable medical/mental-health conditions. The same words can move into regulated treatment depending on facts and claims.	Use a documented scope-of-practice assessment. Clarify whether there is a diagnosis, current treatment, medication, suicidality, significant impairment, or a medical condition. Refer/decline when legal scope is uncertain.
Clearly therapeutic / regulated-health territory	Treatment of diagnosed anxiety disorders, major depressive disorder, PTSD, dissociative identity disorder, eating disorders, substance-use disorders, psychosis, personality disorders; treatment of disease, injury, chronic pain, anesthesia, medical symptoms, or psychological aspects of physical illness.	Likely implicates medicine, psychology, counseling, psychotherapy, or another licensed profession. State-specific rules control whether referral/supervision can authorize a nonlicensee.	Do not assume a referral makes the service lawful. Provide only when independently authorized by state law or under a state-recognized referral/supervision framework; otherwise refer to an appropriately licensed professional.

Important: these categories are an institutional risk-management framework, not statutory definitions applicable in all states. A practitioner cannot convert regulated treatment into nontherapeutic work merely by changing terminology.

4. Referrals, Prescriptions, Supervision, and Collaboration

Historically, hypnosis organizations have often recommended obtaining a physician or mental-health referral whenever a medical or mental-health condition is involved. That remains a valuable ethical and risk-management practice, but the legal effect of a referral varies by state.

- Florida expressly creates a statutory pathway for a qualified person to use therapeutic hypnosis under the supervision, direction, prescription, and responsibility of a defined practitioner of the healing arts.

- New York does not appear to create an equivalent general delegation safe harbor. New York guidance states that a licensed professional may not delegate a task requiring professional licensure to an unlicensed person merely because the person is capable of performing it.
- Arizona contains a broad behavioral-health licensure exemption for a person who is not providing psychotherapy, but treating mental conditions without legal authorization remains prohibited. A referral should not be treated as expanding the exemption.
- South Carolina and North Carolina expressly place hypnosis/hypnotherapy within regulated professional definitions, creating a materially higher risk for unlicensed therapeutic use.

5. Online and Interstate Practice

For videoconference and other remote services, the practitioner should identify both (1) the jurisdiction from which the practitioner is providing the service and (2) the jurisdiction in which the client is physically located at the time of service. Professional licensing regimes commonly regulate services delivered to persons located in the regulating state.

IAIH/IIH recommended risk-management standard: comply with all laws reasonably applicable to the practitioner and the client. When the two jurisdictions impose different requirements, follow the more restrictive requirement unless reliable jurisdiction-specific authority establishes that a different rule controls. This is an institutional safety standard, not a statement that every state has enacted a "more stringent state wins" rule.

- Confirm the client's physical location at intake and when sessions occur while traveling.
- Do not assume that a Florida business address or Florida school credential makes Florida law exclusively controlling.
- When a client moves or travels into a restricted state, pause therapeutic work until the applicable requirements are assessed.

6. Advertising and Description of Services

Unlicensed practitioners should avoid descriptions that reasonably imply a license or authority they do not possess. Terms such as diagnose, treat, cure, psychotherapy, mental-health counseling, medical treatment, patient, and clinical treatment should be used only when the practitioner is legally authorized in the relevant jurisdiction. "Therapy" and "therapeutic" also deserve context-specific caution, especially in states that define professional counseling or psychotherapy broadly.

7. Privacy and HIPAA

Receiving a referral from a licensed health-care practitioner does not automatically make a hypnotherapist a HIPAA covered entity or business associate. HIPAA status depends on the federal definitions and the actual relationship and transactions involved. Separate state confidentiality and consumer-privacy laws may apply even when HIPAA does not. IAIH/IIH should maintain a strong confidentiality standard regardless of whether HIPAA technically applies.

8. IAIH/IIH Compliance Classification System

Classification	Meaning	Default practitioner response
GREEN — nontherapeutic pathway identified	State law provides an express exemption/pathway or research review identifies no stand-alone hypnosis restriction, subject to other professional-practice laws.	Remain strictly within self-improvement/habit/performance scope; comply with registration/title/advertising rules.
YELLOW — significant ambiguity or professional overlap	Hypnosis may be unregulated as a stand-alone technique but broad psychology/counseling/medicine definitions can capture therapeutic use.	Use conservative scope; avoid diagnosis/treatment; obtain state-specific legal guidance for medical or mental-health work.
ORANGE — express regulated-profession overlap	Statute expressly includes hypnosis/hypnotherapy in psychology, counseling, psychotherapy, or another licensed field.	Unlicensed therapeutic use should generally be avoided unless a clear exemption or other authorization applies.
RED — restricted therapeutic use / no safe pathway identified	Current law appears to reserve the proposed service to licensed professionals or expressly bars the intended unlicensed activity.	Do not provide the service without appropriate licensure or written state-specific legal guidance.

9. Priority Jurisdictions — Current Detailed Analysis

Florida

Research classification: GREEN for nontherapeutic hypnosis; YELLOW/ORANGE for therapeutic hypnosis unless Chapter 485 requirements are satisfied.

Florida has a dedicated Hypnosis Law. Section 485.004 makes therapeutic hypnosis unlawful unless the person is a practitioner of one of the defined healing arts OR acts under the supervision, direction, prescription, and responsibility of such a practitioner. Section 485.003 defines the relevant healing arts and defines a “qualified person” in relation to a referring practitioner. Section 485.002 states legislative intent that therapeutic hypnosis be performed by qualified healing-arts practitioners within their competence or qualified persons working under the specified professional relationship. Florida psychology and counseling statutes separately state that Chapter 490/491 should not be read to limit persons qualified under Chapter 485 or persons practicing hypnosis for nontherapeutic purposes, provided they do not claim a protected professional license/title.

IAIH/IIH guidance: Florida is one of the strongest statutory examples supporting a distinction between nontherapeutic hypnosis and therapeutic hypnosis performed through a legally recognized healing-arts relationship. For therapeutic work by an unlicensed hypnotherapist, IIH should not reduce the statutory standard to “get a referral.” Documentation should address the supervision/direction/prescription/responsibility relationship required by the statute and the referring professional’s lawful scope.

Primary source — Florida Statutes Chapter 485: https://www.flsenate.gov/Laws/Statutes/2026/Chapter485/All

Florida psychology hypnosis provision: https://www.flsenate.gov/Laws/Statutes/2026/0490.0141

Florida counseling/psychotherapy hypnosis provision:
https://www.flsenate.gov/Laws/Statutes/2026/491.0141

New York

Research classification: YELLOW/ORANGE. No stand-alone hypnotherapist licensing statute was identified in this research review, but New York broadly regulates medicine, psychology, and mental-health counseling.

New York defines medicine as diagnosing, treating, operating, or prescribing for human disease, pain, injury, deformity, or physical condition. It defines mental-health counseling broadly to include evaluation, assessment, amelioration, treatment, modification, or adjustment of behavioral, emotional, personality, relationship, disability, problem, or disorder concerns using verbal or behavioral methods. Psychology includes modification of behavior and treatment of mental, emotional, behavioral, and psychological aspects of physical illness. Unauthorized practice of a profession for which licensure is required can be criminally penalized.

The critical referral issue: New York Office of the Professions guidance states that a physician may not delegate a medical task to an unlicensed person when the task itself requires professional authorization; capability or physician direction alone does not create legal authority. Similar guidance for mental-health practitioners states that restricted professional activities may not be delegated to an unlicensed person merely through supervision.

IAIH/IIH guidance: do not state that a New York physician referral automatically authorizes an unlicensed hypnotherapist to use hypnosis to treat a medical condition. Nontherapeutic self-improvement work may present a different analysis, but medical-condition work, pain treatment, or mental-health treatment should receive New York independent legal review. This remains a priority issue for state-specific verification.

NY Education Law § 6521 — practice of medicine: https://www.nysenate.gov/legislation/laws/EDN/6521

NY Education Law § 8402 — mental health counseling:
https://www.nysenate.gov/legislation/laws/EDN/8402

NY Education Law § 7601-a — practice of psychology:
https://www.nysenate.gov/legislation/laws/EDN/7601-A

NY Education Law § 6512 — unauthorized practice: https://www.nysenate.gov/legislation/laws/EDN/6512

NYSED — Utilization of Medical Assistants / delegation guidance:
https://www.op.nysed.gov/professions/physicians/professional-practice/utilization-medical-assistants

NYSED — Delegation of professional practice to authorized persons:
https://www.op.nysed.gov/professions/psychoanalysts/professional-practice/delegation-professional-practice-authorized-persons

Arizona

Research classification: YELLOW/ORANGE.

Arizona prohibits an unlicensed person from engaging in the practice of behavioral health except as provided by statutory exceptions. The statute also describes unauthorized practice to include holding oneself out as trained and authorized to diagnose or treat a mental ailment, disease, disorder, or other mental condition without legal authority. A key exception states that the behavioral-health chapter does not apply to “a person who is not providing psychotherapy.” Arizona defines psychotherapy as treatment methods developing out of generally accepted theories about human behavior and development.

IAIH/IIH guidance: an unlicensed hypnosis practitioner should not rely on a referral from a licensed person as creating authority to provide psychotherapy or treat a mental condition. The safer Arizona lane is hypnosis that does not constitute psychotherapy or another licensed health practice. The precise boundary between hypnosis-based self-improvement and psychotherapy requires fact-specific analysis and requires Arizona-specific legal or regulatory verification before relying on a therapeutic-use conclusion.

Arizona Revised Statutes § 32-3271 — exceptions to licensure: https://www.azleg.gov/ars/32/03271.htm
Arizona Revised Statutes § 32-3286 — unlawful practice: https://www.azleg.gov/ars/32/03286.htm
Arizona Revised Statutes § 32-3251 — definitions: https://www.azleg.gov/ars/32/03251.htm

South Carolina

Research classification: ORANGE/RED for unlicensed therapeutic hypnotherapy.

South Carolina's professional counseling law expressly states that the practice of professional counseling functions as psychotherapy and may include hypnotherapy. The state makes it unlawful to practice as a professional counselor without the required license unless an exemption applies. South Carolina psychology law also regulates the application of psychological principles and has historically included hypnotherapy within psychology-related practice definitions.

IAIH/IIH guidance: South Carolina should no longer appear in a generic "no specific hypnosis regulation" category without a prominent warning. An unlicensed practitioner should not present or provide hypnotherapy as treatment, psychotherapy, counseling, or mental-health care. Nontherapeutic hypnosis requires separate analysis and conservative advertising. The title "Hypnotherapist" should be treated as higher-risk in South Carolina because, in context, it may suggest performance of a modality expressly identified within licensed counseling; title use should be confirmed with the relevant South Carolina authority or qualified counsel.

South Carolina Code Chapter 75 — Professional Counselors:
https://www.scstatehouse.gov/code/t40c075.php

North Carolina

Research classification: ORANGE.

North Carolina's Psychology Practice Act expressly defines the practice of psychology to include counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, behavior analysis and therapy, diagnosis and treatment of mental and emotional disorders, disorders of habit or conduct, and psychological aspects of physical illness, injury, or disability. The definition also reaches modification of behavior for preventing or eliminating symptomatic, maladaptive, or undesired behavior or enhancing behavioral or mental health.

IAIH/IIH guidance: North Carolina presents substantial risk for an unlicensed person using hypnosis in a therapeutic or psychological treatment context. The statute's breadth means that simply calling the service coaching may not remove it from the psychology definition. Nontherapeutic performance, education, motivation, or other work outside the statutory psychology purpose requires careful fact-specific review. Practitioners should examine all applicable exemptions and relevant board interpretation.

North Carolina General Statutes, Psychology Practice Act, Article 18G:
https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_18G.html

Colorado

Research classification: ORANGE; potentially RED for psychotherapy unless properly licensed/authorized.

Colorado's definition of psychology expressly includes hypnosis, counseling, psychoanalysis, psychotherapy, diagnosis/treatment of mental or emotional disorders, disorders of habit or conduct, and psychological aspects of physical illness. Colorado also has a complementary and alternative health-care framework for certain unlicensed practitioners, but that framework expressly excludes the practice of psychotherapy. The Department of Regulatory Agencies maintains a Mental Health Practice Act and an Unlicensed Psychotherapists regulatory framework that must be considered separately from complementary-health exemptions.

IAIH/IIH guidance: Colorado should be treated as a high-attention jurisdiction. A practitioner should not assume that a physician or mental-health referral authorizes unlicensed psychotherapy. Nonpsychotherapy mind-body or stress-reduction services may have a distinct complementary-health pathway if all disclosure and statutory conditions are met, but the precise applicability to a particular hypnosis service should be independently confirmed before relying on that pathway.

Colorado DPO — State Board of Unlicensed Psychotherapists, Practice Act and Laws: https://dpo.colorado.gov/UnlicensedPsychotherapy/Laws

Colorado Revised Statutes — practice of psychology (official statutes available through Colorado General Assembly): https://leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes

10. IAIH/IIH Position on the Title "Hypnotherapist"

Based on the research summarized in this guide, IAIH/IIH should not abandon the occupational title "Hypnotherapist" nationwide solely because some states place hypnosis or hypnotherapy inside licensed professional scopes. At the same time, the organization should stop treating the title as categorically protected or categorically lawful in every context.

- Recommended national wording: "Hypnotherapist is an educational/professional credentialing title used by IAIH/IIH. It is not a state health-care license and does not authorize a practitioner to perform services reserved by law to licensed professions."
- Where a state expressly links hypnotherapy to psychotherapy, counseling, or psychology, practitioners should consider a more conservative public-facing title and obtain state-specific guidance.
- The title analysis should be separate from the activity analysis. A title may be permissible while particular therapeutic services are not; conversely, a licensed professional may lawfully perform hypnosis under another professional title.

11. Fifty-State + District of Columbia Compliance Research Matrix

This matrix is a research index and quick-reference tool, not a legal determination for any practitioner. Research classifications indicate the degree of apparent regulatory complexity identified in the sources reviewed. Readers should consult the detailed state profile and independently verify current law before relying on an entry.

State	Research summary	Research classification	Status
Alabama	General professional-practice	YELLOW	Independent verification

	laws; no stand-alone hypnosis statute identified in current catalog		recommended
Alaska	Psychology definition/source in current catalog; therapeutic use may overlap licensed psychology	YELLOW/ORANGE	Independent verification recommended
Arizona	Behavioral-health law; exemption when not providing psychotherapy	YELLOW/ORANGE	Official-source review completed
Arkansas	Psychology definition expressly includes hypnosis as treatment	ORANGE	Independent verification recommended
California	Specific hypnosis/hypnocounseling-related framework in current catalog	YELLOW	Independent verification recommended
Colorado	Psychology includes hypnosis; complementary-health law excludes psychotherapy	ORANGE	Official-source review completed
Connecticut	Mandatory hypnotist registration	GREEN/YELLOW	Independent verification recommended
Delaware	Psychology definition includes hypnosis	ORANGE	Independent verification recommended
District of Columbia	Psychology licensing + naturopathic hypnotherapy provision	YELLOW/ORANGE	Recently revised; independently verify primary links
Florida	Dedicated Hypnosis Law; therapeutic pathway under healing-arts relationship; nontherapeutic preserved	GREEN / YELLOW-ORANGE therapeutic	Official-source review completed
Georgia	No stand-alone practice statute identified; local regulatory-fee reference to hypnotists	YELLOW	Independent verification recommended
Hawaii	Psychology and naturopathic statutes expressly reference hypnosis	ORANGE	Independent verification recommended
Idaho	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Illinois	Clinical psychology law contains hypnosis and an unlicensed-person provision	YELLOW/ORANGE	Independent verification recommended
Indiana	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Iowa	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Kansas	No stand-alone hypnosis statute identified in current	YELLOW	Independent verification recommended

	catalog		
Kentucky	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Louisiana	Psychology definition includes hypnosis	ORANGE	Independent verification recommended
Maine	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Maryland	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Massachusetts	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Michigan	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Minnesota	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Mississippi	Professional-practice law source updated in catalog project	YELLOW/ORANGE	Independent verification recommended
Missouri	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Montana	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Nebraska	Professional-practice law source updated in catalog project	YELLOW/ORANGE	Independent verification recommended
Nevada	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
New Hampshire	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
New Jersey	Express hypnocounseling exemption for defined nonmedical/non-mental-health uses; hypnotherapy in psychology	GREEN/YELLOW	Independent verification recommended
New Mexico	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
New York	Broad medicine/psychology/mental-health laws; no referral delegation safe harbor identified	YELLOW/ORANGE	Official-source review completed
North Carolina	Psychology definition	ORANGE	Official-source review

	expressly includes hypnosis		completed
North Dakota	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Ohio	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Oklahoma	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Oregon	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Pennsylvania	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Rhode Island	Professional-practice source updated in catalog project	YELLOW/ORANGE	Independent verification recommended
South Carolina	Professional counseling expressly includes hypnotherapy; psychology restrictions also relevant	ORANGE/RED therapeutic	Official-source review completed
South Dakota	Psychological procedures include hypnosis	ORANGE	Independent verification recommended
Tennessee	Psychology definition includes hypnosis	ORANGE	Independent verification recommended
Texas	Psychology/counseling/LMFT regulations expressly include hypnosis/hypnotherapy	ORANGE	Independent verification recommended
Utah	Express exemption for limited hypnosis services; restrictions on mental-health/medical uses and titles	GREEN/YELLOW	Independent verification recommended
Vermont	Naturopathic medicine scope includes hypnotherapy; general unlicensed hypnosis analysis still needed	YELLOW/ORANGE	Independent verification recommended
Virginia	Clinical psychology treatment definition includes hypnosis	ORANGE	Independent verification recommended
Washington	Mandatory hypnotherapist registration and counselor rules	GREEN/YELLOW	Independent verification recommended
West Virginia	No stand-alone hypnosis statute identified in current catalog	YELLOW	Independent verification recommended
Wisconsin	Psychology definition includes hypnosis when done for fee	ORANGE	Independent verification recommended
Wyoming	Psychology definition includes hypnosis	ORANGE	Independent verification recommended

12. Detailed State-by-State Legal Profiles

Purpose of this section

This section expands the quick-reference matrix into individual jurisdiction profiles. It is intentionally structured to parallel the state-by-state disclosure used in the IIH school catalog so that the catalog and this professional guide can be maintained from the same legal research base. The guide is more detailed; the catalog may use a shorter version of the same verified conclusions.

Research-status labels describe the source review performed for this guide; they are not a warranty of legal completeness or continuing accuracy. Laws, regulations, agency guidance, and enforcement interpretations may change after the stated research date.

Alabama

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Alabama. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: General professional-practice laws; no stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful

	coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Alaska

Research classification	YELLOW/ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Alaska psychology law defines the practice of psychology broadly around diagnosis, prevention, treatment, or amelioration of psychological problems and emotional or mental disorders through psychological principles and procedures. The current catalog did not identify a stand-alone hypnosis statute or a specific unlicensed-hypnotist exemption.
Primary authority / source	Alaska Stat. § 08.86.230 (psychology definitions); Alaska Board of Psychologists statutes/rules. https://www.commerce.alaska.gov/web/portals/5/pub/PsychologistStatutes.pdf
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Arizona

Research classification	YELLOW/ORANGE
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Arizona behavioral-health law is the more important source than the isolated administrative-code reference in older catalog research. A.R.S. § 32-3271 exempts a person from the behavioral-health chapter when the person is not providing psychotherapy, while § 32-3286 prohibits unauthorized behavioral-health practice, including diagnosis or treatment of mental conditions. A referral or supervision arrangement should not be treated as a universal safe harbor unless a specific Arizona law authorizes it.
Primary authority / source	A.R.S. §§ 32-3271, 32-3286, 32-3251. Official sources: https://www.azleg.gov/ars/32/03271.htm ; https://www.azleg.gov/ars/32/03286.htm
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles. Referral, prescription, supervision, or collaboration matters only to the extent the specific state law recognizes it.
Occupational title — “Hypnotherapist”	Arizona’s cited behavioral-health law protects specified licensed designations but does not expressly list “Hypnotherapist.” The larger issue is whether the actual service is psychotherapy or unauthorized behavioral health.
Referral / prescription / supervision	A.R.S. § 32-3271(A)(12) exempts “a person who is not providing psychotherapy.” A referral does not appear in the cited provisions to expand that exemption.
Online / interstate	Arizona also has a temporary nonresident behavioral-health provision for persons authorized elsewhere, but it should not be assumed to cover unlicensed hypnosis; practitioners should independently analyze its relevance.
PRACTITIONER VERIFICATION POINT	Define “not providing psychotherapy” for hypnosis-based stress, habit, anxiety-feeling, grief, trauma-language, and behavior-change services, and confirm whether any referral or supervision relationship changes the analysis.
Last research update	August 30, 2026

Arkansas

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Arkansas expressly includes hypnosis within treatment under the statutory definition of the practice of psychology. The definition also encompasses diagnosis and treatment of mental and emotional disorders, behavior disorders, psychological interventions aimed at modifying perceptions, habits, or conduct, and psychological aspects of physical illness, pain, injury, or disability.
Primary authority / source	Ark. Code Ann. § 17-97-102. https://psychologyboard.arkansas.gov/laws-rules/
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

California

Research classification	YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	California Business and Professions Code § 2908 expressly recognizes persons using hypnotic techniques by referral from persons licensed to practice medicine, dentistry, or psychology, and separately recognizes hypnotic techniques used for avocational or vocational self-improvement that do not offer therapy for emotional or mental disorders. California also has disclosure requirements for certain unlicensed complementary or alternative health services under §§ 2053.5-2053.6.
Primary authority / source	Cal. Bus. & Prof. Code §§ 2908, 2053.5, 2053.6. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2908
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions. Referral, prescription, supervision, or collaboration matters only to the extent the specific state law recognizes it.
Occupational title — "Hypnotherapist"	California BPC § 2908 permits specified uses of hypnotic techniques while restricting psychology titles/descriptions. "Hypnotherapist" is not expressly resolved by § 2908; practitioners should independently review whether use of that title plus service descriptions could imply a licensed healing-arts role.
Referral / prescription / supervision	BPC § 2908 expressly recognizes persons using hypnotic techniques by referral from persons licensed to practice medicine, dentistry, or psychology, and separately recognizes avocational/vocational self-improvement that does not offer therapy for emotional or mental disorders.
Online / interstate	Practitioners should independently confirm whether § 2908 and any unlicensed-healing-arts disclosure statutes apply to a practitioner outside California serving a California client.
PRACTITIONER VERIFICATION POINT	Clarify the scope and documentation of the § 2908 referral pathway and how it interacts with BPC §§ 2053.5–2053.6 for complementary/alternative services.
Last research update	August 30, 2026

Colorado

Research classification	ORANGE
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Colorado requires particular caution because hypnosis appears within the statutory practice of psychology, while the Natural Health Consumer Protection Act permits certain unlicensed complementary and alternative health-care services but does not authorize the practice of psychotherapy. An unlicensed practitioner should not assume that a disclosure statement or referral permits psychotherapy or another activity reserved to a licensed profession.
Primary authority / source	C.R.S. §§ 12-245-303, 6-1-724; Colorado DPO State Board of Unlicensed Psychotherapists laws. https://dpo.colorado.gov/UnlicensedPsychotherapy/Laws

IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No standalone “Hypnotherapist” title rule has been confirmed here. However, the practitioner must not imply state licensure/registration and must avoid representing psychotherapy or other reserved health practice if relying on the complementary/alternative-health pathway.
Referral / prescription / supervision	A referral does not convert an otherwise prohibited psychotherapy service into a permissible complementary-health service. Practitioners should independently identify any lawful coordination pathway.
Online / interstate	Practitioners should independently confirm Colorado location-of-practice rules for unlicensed complementary-health practitioners and remote clients.
PRACTITIONER VERIFICATION POINT	Confirm which hypnosis services fit C.R.S. § 6-1-724, the required disclosure language, and the point at which hypnosis becomes psychotherapy under Title 12.
Last research update	August 30, 2026

Connecticut

Research classification	GREEN/YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Connecticut requires persons who practice hypnosis professionally to register with the Department of Consumer Protection. The statute defines “hypnotist” and “hypnosis,” establishes the registry and complaint process, and authorizes a civil penalty for practicing hypnosis without first registering. Current application, renewal, fee, and background-check details should be verified directly with DCP before relying on current administrative requirements.
Primary authority / source	Connecticut General Statutes § 20-660, Chapter 400m — Hypnotists. Official source: https://www.cga.ct.gov/current/pub/chap_400m.htm ; Connecticut Department of Consumer Protection hypnotist registration materials.
IAIH/IIH guidance	A nontherapeutic or registration-based pathway appears to exist, but comply strictly with registration, disclosure, advertising, recordkeeping, and scope limits. Do not extend the pathway into medical or mental-health treatment unless expressly authorized.
Occupational title — “Hypnotherapist”	Connecticut General Statutes § 20-660 provides that a person may not practice hypnosis or hold themselves out as a “hypnotist” in Connecticut without registration. “Hypnotherapist” is not separately analyzed in the cited provision; practitioners should independently confirm whether

	the registration requirement reaches that title as a form of holding out as a hypnotist.
Referral / prescription / supervision	Registration is not a license to practice medicine, psychology, counseling, or another regulated health profession. No general therapeutic referral safe harbor has been confirmed through § 20-660 alone.
Online / interstate	Practitioners should independently confirm whether a practitioner outside Connecticut serving a client physically in Connecticut is considered to "practice hypnosis in this state" for § 20-660.
PRACTITIONER VERIFICATION POINT	Confirm current registration obligations, exemptions for licensed health professionals, title treatment, and remote-practice application.
Last research update	August 30, 2026

Delaware

Research classification	ORANGE
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Delaware expressly includes hypnosis within the practice of psychology. The psychology definition also includes counseling, psychoanalysis, psychotherapy, behavior analysis and therapy, diagnosis and treatment of mental and emotional disorders, disorders of habit or conduct, and psychological aspects of physical illness, injury, or disability. Separate workers' compensation guidance has also described hypnosis as a mind-body complementary modality, but that does not itself create a general practice exemption.
Primary authority / source	24 Del. C. § 3502. https://delcode.delaware.gov/title24/c035/sc01/index.html
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions

	differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

District of Columbia

Research classification	YELLOW/ORANGE
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	D.C. regulates the practice of psychology and generally requires an appropriate license or registration to engage in activities falling within that statutory definition. D.C. law separately permits a licensed naturopathic physician to include hypnotherapy within the naturopathic scope. Unlicensed practitioners should evaluate whether their actual service constitutes psychology, counseling, medicine, or another regulated health occupation.
Primary authority / source	D.C. Code §§ 3-1201.02(16), 3-1208.81, 3-1206.21. https://code.dccouncil.gov/us/dc/council/code/sections/3-1201.02
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Florida

Research classification	GREEN / YELLOW-ORANGE therapeutic
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Florida Chapter 485 expressly regulates hypnosis for therapeutic purposes. A person may engage in therapeutic hypnosis if the person is a practitioner of a defined healing art acting within lawful competence, or if the person acts under the supervision, direction, prescription, and responsibility of such a practitioner. Florida psychology and counseling statutes also preserve the right of qualified persons under Chapter 485 and the practice of hypnosis for nontherapeutic purposes, subject to title restrictions. IIH should not reduce this statutory framework to a simple "referral" rule.
Primary authority / source	Florida Statutes Chapter 485 (2026), especially §§ 485.002–485.005; §§ 490.0141 and 491.0141. Official source: https://www.flsenate.gov/Laws/Statutes/2026/Chapter485/All
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles. Referral, prescription, supervision, or collaboration matters only to the extent the specific state law recognizes it.
Occupational title — "Hypnotherapist"	No Florida provision reviewed expressly reserves the standalone title "Hypnotherapist." Chapter 485 regulates therapeutic use and Chapters 490/491 protect licensed professional titles. Practitioners should independently confirm whether "Clinical Hypnotherapist" or advertising context could imply a protected health-profession license.
Referral / prescription / supervision	Chapter 485 expressly recognizes a qualified-person pathway. However, § 485.002 and § 485.003(4) use "direction, supervision, or prescription," while § 485.003(3) and § 485.004 use the more demanding conjunctive formulation "supervision, direction, prescription, and responsibility." Treat this wording difference as a legal question requiring state-specific verification rather than reducing the rule to "obtain a referral."
Online / interstate	No hypnosis-specific interstate rule was identified in Chapter 485. Practitioners should independently determine how Chapter 485 applies when either practitioner or client is physically outside Florida.
PRACTITIONER VERIFICATION POINT	Confirm the controlling operational standard under Chapter 485, including whether all four elements in § 485.004 must be documented; what "responsibility" requires; and whether a referral/prescription alone is insufficient.
Last research update	August 30, 2026

Georgia

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research located "hypnotists" in Georgia's local regulatory-fee

	statute, demonstrating that local governments may treat hypnotists as an occupation subject to regulatory fees. That provision is not a comprehensive scope-of-practice statute. Current Georgia professional-practice and title laws should be re-reviewed before any broader conclusion is stated.
Primary authority / source	O.C.G.A. § 48-13-9 (local regulatory fees); professional-practice laws require independent verification. https://law.justia.com/codes/georgia/title-48/chapter-13/article-1/section-48-13-9/
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Hawaii

Research classification	ORANGE

Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Hawaii law expressly references hypnosis in regulated health-profession definitions. The psychology statute includes hypnosis among psychological services, and naturopathic law describes behavioral medicine techniques that include hypnosis. These provisions support a conservative distinction between ordinary nonclinical self-improvement services and hypnosis used as treatment within a regulated health profession.
Primary authority / source	Haw. Rev. Stat. psychology and naturopathic provisions, including § 455-1 as cited in the current catalog; independently verify exact current psychology citation. https://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0455/HRS_0455-0001.htm
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Idaho

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Idaho. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine,

	psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Illinois

Research classification	YELLOW/ORANGE

Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Illinois expressly permits a person to practice hypnosis without a clinical-psychology license if the person does not otherwise engage in clinical psychology, does not practice medicine, and does not hold themselves out as a clinical psychologist or as licensed to practice clinical psychology. The clinical-psychology definition includes hypnosis when used to prevent or eliminate psychopathology or ameliorate psychological disorders.
Primary authority / source	225 ILCS 15/2 and 225 ILCS 15/3, Clinical Psychologist Licensing Act. Official Illinois General Assembly source: https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1294&ChapterID=24
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	The Clinical Psychologist Licensing Act expressly permits hypnosis without a clinical-psychology license if the statutory conditions are met, but the practitioner may not use a title or description implying that the person is a clinical psychologist or licensed to practice clinical psychology. No standalone “Hypnotherapist” title prohibition was identified in the cited provision.
Referral / prescription / supervision	The exemption is activity-limited rather than referral-based: the unlicensed person must not otherwise engage in clinical psychology or medicine.
Online / interstate	Practitioners should independently confirm whether the Illinois exemption applies to a nonresident practitioner serving an Illinois client and whether any other professional-practice statute changes the analysis.
PRACTITIONER VERIFICATION POINT	Confirm the continued effect/current reenactment status of 225 ILCS 15/3 and whether disorders of habit or conduct make some common hypnosis goals (for example compulsive habits) higher risk than IIH’s general nontherapeutic framework suggests.
Last research update	August 30, 2026

Indiana

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Indiana. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-

	source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Iowa

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Iowa. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The

	current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Kansas

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Kansas. That does not mean hypnosis is unregulated. The principal legal questions are whether the

	proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Kentucky

Research classification	YELLOW

Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Kentucky. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.

Last research update	August 30, 2026

Louisiana

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Louisiana expressly includes hypnosis and stress management within the statutory practice of psychology, along with counseling, psychoanalysis, psychotherapy, behavior analysis and therapy, diagnosis and treatment of mental and emotional disorders, and psychological aspects of physical illness, injury, or disability.
Primary authority / source	La. R.S. 37:2352. https://legis.la.gov/legis/Law.aspx?d=93092
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.

Last research update	August 30, 2026

Maine

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Maine's psychology statute includes hypnotherapy among recognized psychological techniques used in diagnosing, assessing, and treating mental, emotional, and psychological illness, disorders, problems, and concerns. Maine naturopathic law also lists hypnotherapy among therapies a naturopathic doctor may use. Those provisions do not automatically establish a general unlicensed therapeutic-hypnosis exemption.
Primary authority / source	32 M.R.S. §§ 3811, 12522. https://legislature.maine.gov/legis/statutes/32/title32sec3811.html
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Maryland

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Maryland's psychology law includes hypnosis among compensated services involving the application of psychological methods or procedures for interviewing, counseling, psychotherapy, behavior modification, or hypnosis. Current exemptions and title provisions should be reviewed together with this definition before relying on a broader conclusion.

Primary authority / source	Md. Code, Health Occupations, Title 18 (Psychologists), definition of practice of psychology. https://health.maryland.gov/psych/Pages/laws.aspx
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Massachusetts

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Massachusetts defines the practice of psychology to include counseling, psychotherapy, hypnosis, biofeedback training, behavior therapy, diagnosis and treatment of mental and emotional disorders, and psychological aspects of physical illness or disability when rendered as professional psychological services.
Primary authority / source	Mass. Gen. Laws ch. 112, § 118. https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section118
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license

	based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Michigan

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Michigan defines the practice of psychology to include diagnosis, prevention, amelioration, or treatment of mental or emotional disorders, disabilities, or behavioral-adjustment problems by psychotherapy, counseling, behavior modification, hypnosis, biofeedback, testing, or other verbal or behavioral means.
Primary authority / source	MCL § 333.18201. https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-333-18201
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.

Last research update	August 30, 2026

Minnesota

Research classification	YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Minnesota requires particularly careful separation of uses. Psychology law includes hypnosis within psychotherapy; naturopathic law includes hypnotherapy in naturopathic practice; and the medical-practice statute treats offering hypnosis for the treatment or relief of bodily injury, infirmity, or disease as practicing medicine unless an exemption applies. The catalog correctly flags Minnesota as a high-attention state for medical uses.
Primary authority / source	Minn. Stat. §§ 147.081 and 147.09; psychology and naturopathic provisions as applicable. Official Revisor source: https://www.revisor.mn.gov/statutes/cite/147.081
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No standalone “Hypnotherapist” title rule is established by the medical statute cited here; however, using hypnosis to treat or relieve bodily injury, infirmity, or disease is expressly included in the statutory practice of medicine unless an exemption applies.
Referral / prescription / supervision	A physician referral does not, by itself, appear in § 147.081 as an exemption. Practitioners should independently analyze § 147.09 and any other licensing provisions before relying on a referral pathway.
Online / interstate	Practitioners should independently confirm how Minnesota’s medical/telehealth provisions apply to a nonresident unlicensed hypnosis practitioner serving a Minnesota client.
PRACTITIONER VERIFICATION POINT	Confirm the lawful nontherapeutic lane, the exact exemptions in § 147.09, and whether pain relief, medical symptoms, obesity, and other physical conditions are categorically outside an unlicensed hypnosis scope.
Last research update	August 30, 2026

Mississippi

Research classification	YELLOW/ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Mississippi expressly includes hypnosis

	within the practice of psychology. Current law generally prohibits unlicensed psychology practice unless an exemption applies, while recognizing limited exclusions for members of other professional groups who are licensed or certified by Mississippi and who perform work consistent with their lawful professional scope. A hypnosis certification alone should not be assumed to satisfy that exception.
Primary authority / source	Miss. Code §§ 73-31-3, 73-31-23, 73-31-27; psychology chapter reenacted/extended in 2025. https://www.psychologyboard.ms.gov/laws-regulations
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Missouri

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Missouri's psychology statute expressly includes hypnosis within the practice of psychology and also protects several psychology-related titles, including psychotherapy and psychotherapist, subject to statutory exceptions. Therapeutic uses by an unlicensed hypnosis practitioner therefore present substantial regulated-profession overlap.
Primary authority / source	Mo. Rev. Stat. § 337.015. https://revisor.mo.gov/main/OneSection.aspx?section=337.015
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Montana

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Montana defines the practice of psychology to include counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, behavior analysis and therapy, diagnosis and treatment of mental and emotional disorders, substance abuse, and psychological aspects of physical illness, injury, or disability.
Primary authority / source	Mont. Code Ann. § 37-17-102. https://leg.mt.gov/bills/mca/title_0370/chapter_0170/part_0010/section_0020/0370-0170-0010-0020.html
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose

	or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Nebraska

Research classification	YELLOW/ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Nebraska defines the practice of psychology to include counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, behavior analysis and therapy, diagnosis and treatment of mental and emotional disorders, substance abuse, disorders of habit or conduct, and psychological aspects of physical illness, injury, or disability.
Primary authority / source	Neb. Rev. Stat. § 38-3108. https://nebraskalegislature.gov/laws/statutes.php?statute=38-3108
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.

PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Nevada

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Nevada's psychology definition includes hypnosis among specialized areas of competence within the practice of psychology. Current exemptions and the precise boundary for nontherapeutic hypnosis should be independently verified before relying on a broader conclusion.
Primary authority / source	Nevada psychology statutes and Board definitions; current catalog cites the Nevada Board of Psychological Examiners. https://psyexam.nv.gov/Licensing/Definitions/
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic

	hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

New Hampshire

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	New Hampshire law includes hypnosis in the practice of psychology by licensed psychologists and includes hypnotherapy among therapies authorized for naturopathic doctors. Those inclusions do not by themselves establish an unlicensed therapeutic-hypnosis exemption.
Primary authority / source	N.H. Rev. Stat. §§ 329-B:2, 328-E:4. https://www.gencourt.state.nh.us/rsa/html/XXX/329-B/329-B-2.htm
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

New Jersey

Research classification	GREEN/YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	New Jersey creates an unusually explicit nonlicensed pathway called “hypnocounseling.” N.J.A.C. 13:42-1.2(b) limits hypnocounseling to hypnosis used to assist with stress management not related to a medical or mental-health disorder, habits such as smoking and weight management, motivation in employment/workplace/sports, and creative, artistic, and scholastic endeavors. The rule separately treats hypnotherapy as a psychological procedure within licensed psychology. The exemption therefore turns on the purpose and clinical context of the service, not merely the fact that hypnosis is used.
Primary authority / source	New Jersey Board of Psychological Examiners, N.J.A.C. 13:42-1.1 and 13:42-1.2. Official regulations: https://www.njconsumeraffairs.gov/regulations/chapter-42-board-of-psychological-examiners.pdf
IAIH/IIH guidance	Use New Jersey as a model example of the therapeutic/nontherapeutic distinction, but do not export its definition nationally. An unlicensed practitioner should remain within the listed hypnocounseling purposes and should not re-label treatment of a diagnosed medical or mental-health disorder as stress management, weight management, habit change, or self-improvement.
Occupational title — “Hypnotherapist”	New Jersey expressly recognizes the activity category “hypnocounseling” for persons not requiring psychologist licensure. The regulation separately includes hypnotherapy within psychological procedures. Practitioners should independently determine whether an unlicensed practitioner should publicly use “Hypnotherapist” or instead use “Hypnocounselor”/“Hypnosis Practitioner” to track the regulatory distinction.
Referral / prescription / supervision	N.J.A.C. 13:42-1.2 creates an activity-based exemption for hypnocounseling; it is not framed as a general referral safe harbor for treatment of medical or mental-health disorders.
Online / interstate	Practitioners should independently confirm whether the Board treats remote hypnocounseling delivered to a client physically in New Jersey as New Jersey practice and whether any business/consumer disclosures apply.
PRACTITIONER VERIFICATION POINT	Confirm the precise boundary between exempt hypnocounseling and regulated hypnotherapy, especially anxiety/stress, weight management when obesity/eating disorder is present, smoking with substance-use diagnoses, grief, sleep, pain, and trauma-related complaints.
Last research update	August 30, 2026

New Mexico

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for New Mexico. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of

	referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

New York

Research classification	YELLOW/ORANGE
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	New York has no stand-alone hypnotist licensing statute identified in this review, but its licensed-profession statutes are broad. Medicine includes diagnosing or treating human disease, pain, injury, deformity, or physical condition; psychology and mental-health counseling encompass treatment or modification of mental, emotional, behavioral, and psychological conditions. NYSED guidance also states that restricted professional activities generally may not be delegated to unlicensed persons merely through supervision. IIH should not state that a physician referral automatically authorizes an unlicensed hypnotherapist to treat a medical condition in New York.
Primary authority / source	N.Y. Educ. Law §§ 6512, 6521-6522, 7601-a, 8402; NYSED delegation guidance. https://www.nysenate.gov/legislation/laws/EDN/6521
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No New York statute reviewed expressly reserves “Hypnotherapist.” The risk arises from the underlying regulated activity and from using protected professional titles or descriptions implying medicine, psychology, mental-health counseling, or psychotherapy.
Referral / prescription / supervision	No general physician-referral or delegation safe harbor has been identified for an unlicensed hypnotherapist to treat medical or mental-health conditions. NYSED delegation guidance should be treated as a major caution.
Online / interstate	Practitioners should independently confirm how New York applies its professional-practice laws when either practitioner or client is physically in New York, including a New York practitioner serving an out-of-state client.
PRACTITIONER VERIFICATION POINT	Resolve whether any physician referral/prescription can lawfully support hypnosis directed toward pain, illness, or medical symptoms by an unlicensed practitioner, and define the lawful self-improvement lane.
Last research update	August 30, 2026

North Carolina

Research classification	ORANGE
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	North Carolina expressly includes hypnosis within the statutory practice of psychology. The definition is broad and covers prevention or elimination of symptomatic, maladaptive, or undesired behavior; enhancing interpersonal relationships, work/life adjustment, personal effectiveness, behavioral health, or mental health; diagnosis and treatment of mental and emotional disorders; disorders of habit or conduct; and psychological aspects of physical illness, injury, or disability. Calling the service coaching does not control the analysis if the service falls within that statutory definition.
Primary authority / source	N.C. Gen. Stat. § 90-270.136 and related exemptions in Article 18G. Official source: https://www.ncleg.gov/enactedlegislation/statutes/html/bysection/chapter_90/gs_90-270.136.html
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	The statute does not expressly name “Hypnotherapist” as a protected title, but the definition of “psychologist” is unusually broad: a person may represent themselves as a psychologist by providing or offering services defined as the practice of psychology. Because hypnosis is expressly within that practice definition, title analysis cannot be separated from the actual service.
Referral / prescription / supervision	No general referral safe harbor has been identified in the Psychology Practice Act. Exemptions must be analyzed specifically.
Online / interstate	Practitioners should independently confirm whether North Carolina treats a service delivered to a client physically in the state as North Carolina psychology practice and whether any exemptions apply to nonresident self-improvement practitioners.
PRACTITIONER VERIFICATION POINT	Identify the lawful unlicensed hypnosis lane, if any, after applying § 90-270.136 and exemptions in § 90-270.138; clarify whether habit/performance services are captured by the broad “personal effectiveness” and “undesired behavior” language.
Last research update	August 30, 2026

North Dakota

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	North Dakota’s psychology statute includes “clinical applications of hypnosis” within the practice of psychology, along with counseling, psychotherapy, behavior analysis and therapy, diagnosis and treatment of mental and emotional disorders, compulsive disorders, disorders of habit or conduct, and psychological aspects of physical illness or injury.
Primary authority / source	N.D. Cent. Code § 43-32-01. https://ndlegis.gov/cencode/t43c32.pdf
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do

	not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Ohio

Research classification	YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Ohio law defines hypnosis as a psychological procedure, and Board rules characterize hypnotic techniques used for diagnostic, treatment, or psychotherapeutic purposes as procedures requiring professional expertise in psychology when they create a serious hazard to mental health. Ohio therefore deserves more than a generic “no hypnosis statute” label.
Primary authority / source	Ohio Rev. Code § 4732.01; Ohio Admin. Code 4732-5-01 and 4732-3-01. Official source: https://codes.ohio.gov/ohio-administrative-code/rule-4732-5-01

IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	The cited psychology rules focus principally on psychological procedures and protected psychology terminology. No standalone “Hypnotherapist” title prohibition was identified in this review; practitioners should independently confirm title risk under the full chapter and consumer-protection law.
Referral / prescription / supervision	Ohio Administrative Code 4732-5-01 identifies hypnotic techniques for diagnostic, treatment, or other psychotherapeutic purposes as psychological procedures posing a serious hazard to mental health. No general referral safe harbor has been confirmed.
Online / interstate	Practitioners should independently confirm application to remote sessions involving an Ohio client and whether the rule is limited to psychology-regulated activity or has broader effect.
PRACTITIONER VERIFICATION POINT	Confirm what hypnosis remains lawful for an unlicensed practitioner and whether nontherapeutic stress, habit, performance, and self-improvement work falls outside the hazardous-procedure restriction.
Last research update	August 30, 2026

Oklahoma

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Oklahoma expressly includes hypnosis in the statutory practice of psychology, along with counseling, psychoanalysis, psychotherapy, diagnosis and treatment of mental and emotional disorders, disorders of habit or conduct, and psychological aspects of physical illness, injury, or disability.
Primary authority / source	Okla. Stat. tit. 59, § 1352. https://oksenate.gov/sites/default/files/2019-12/os59.pdf
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current

	research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Oregon

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Oregon. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope

	pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Pennsylvania

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for Pennsylvania. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.

Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Rhode Island

Research classification	YELLOW/ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Rhode Island includes hypnotherapy within the statutory practice of psychology when provided as a professional psychological service for remuneration. The state generally requires licensure unless an exemption applies, including limited exceptions for other independently regulated professions acting consistently with their own lawful scope.

Primary authority / source	R.I. Gen. Laws §§ 5-44-1, 5-44-2, 5-44-23; 216-RICR-40-05-15. https://webserver.rilegislature.gov/Statutes/TITLE5/5-44/INDEX.htm
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

South Carolina

Research classification	ORANGE/RED therapeutic
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	South Carolina expressly includes hypnotherapy in regulated professional practice. Psychology law treats hypnotherapy as an activity that may constitute the practice of psychology in a therapeutic relationship, while the professional-counseling statute expressly includes hypnotherapy and restricts specific counseling modalities to appropriately trained licensed professional counselors. This is a high-attention jurisdiction for unlicensed therapeutic practice and for public use of the title “Hypnotherapist.”
Primary authority / source	S.C. Code §§ 40-75-20, 40-75-30 and related

	provisions; psychology law in Chapter 55. Official source: https://www.scstatehouse.gov/code/t40c075.php
IAIH/IIH guidance	Do not provide regulated therapeutic services without appropriate licensure or a clearly documented statutory pathway. Obtain state-specific legal guidance before practice.
Occupational title — “Hypnotherapist”	Chapter 75 expressly protects “licensed professional counselor,” “professional counselor,” and “licensed counselor,” but does not expressly list “Hypnotherapist” as a protected title in § 40-75-30. Nevertheless, hypnotherapy is expressly included within the practice of professional counseling, so activity and advertising context create significant risk even if the title itself is not expressly reserved.
Referral / prescription / supervision	“Referral” is defined within the counseling chapter, but nothing reviewed creates a general rule allowing an unlicensed hypnotherapist to perform professional counseling merely because a licensed person refers the client.
Online / interstate	South Carolina’s counseling law expressly treats behavioral telehealth to a client residing in the state as occurring in South Carolina for registrants, and the Counseling Compact states professional counseling occurs where the client is located. Practitioners should independently determine how far that principle extends to unlicensed hypnosis services.
PRACTITIONER VERIFICATION POINT	Confirm whether any nontherapeutic hypnosis remains outside Chapter 75/psychology law and whether “Hypnotherapist” may be used for that limited activity without implying professional counseling.
Last research update	August 30, 2026

South Dakota

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	South Dakota defines psychological procedures to include hypnosis, psychotherapy, counseling, behavior modification, and related methods of influencing behavior. The present catalog research should be supplemented with a current review of exemptions and enforcement provisions before relying on a broader conclusion.
Primary authority / source	S.D. Codified Laws § 36-27A-1. https://sdlegislature.gov/Statutes/36-27A-1
IAIH/IIH guidance	Assume substantial regulated-profession

	overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Tennessee

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Tennessee expressly includes hypnosis within the practice of psychology, along with counseling, psychoanalysis, psychotherapy, biofeedback, and behavior analysis and therapy. The statute also regulates representations that a person is a psychologist.
Primary authority / source	Tenn. Code Ann. § 63-11-203. https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board.html

IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Texas

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Texas expressly includes hypnosis within the practice of psychology, and counseling and marriage/family-therapy rules recognize hypnotherapy when used in treatment of mental, emotional, and addiction issues by appropriately licensed and trained professionals. Texas also separately regulates investigative hypnosis for law enforcement. The catalog does not identify a broad general exemption authorizing unlicensed therapeutic hypnotherapy.

Primary authority / source	Tex. Occ. Code § 501.003; 22 Tex. Admin. Code counseling and LMFT rules; TCOLE investigative hypnosis rules. https://bhec.texas.gov/statutes-and-rules/
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Utah

Research classification	GREEN/YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Utah provides an unusually clear exemption for limited hypnosis services by an unlicensed person. Permitted services include motivation, lifestyle, and habit change and specified hypnosis-related activities. The exemption does not authorize mental-health therapy, use of

	protected professional titles, or hypnosis used to treat or in connection with treatment of a medical, psychological, or dental condition recognized in generally accepted diagnostic manuals.
Primary authority / source	Utah Code § 58-60-107. https://le.utah.gov/xcode/Title58/Chapter60/58-60-S107.html
IAIH/IIH guidance	A nontherapeutic or registration-based pathway appears to exist, but comply strictly with registration, disclosure, advertising, recordkeeping, and scope limits. Do not extend the pathway into medical or mental-health treatment unless expressly authorized.
Occupational title — “Hypnotherapist”	Current catalog research identifies an unlicensed hypnosis exemption and warns against protected mental-health titles, including “clinical hypnotist.” Practitioners should independently recheck the current text of Utah Code § 58-60-107 and confirm exactly which hypnosis-related titles are restricted.
Referral / prescription / supervision	The exemption is defined by permitted activities and exclusions; do not assume a referral authorizes use of hypnosis to treat medical, psychological, or dental conditions excluded by statute.
Online / interstate	Practitioners should independently confirm application to remote clients physically in Utah and whether any registration/disclosure rule applies.
PRACTITIONER VERIFICATION POINT	Confirm current exemption text, title restrictions, diagnostic-manual limitation, and whether “Hypnotherapist” (without “clinical”) is permissible.
Last research update	August 30, 2026

Vermont

Research classification	YELLOW/ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Vermont naturopathic law expressly includes hypnotherapy within the authorized scope of licensed naturopathic medicine. That professional-scope provision should not be read as a general exemption for unlicensed therapeutic hypnotherapy.
Primary authority / source	26 V.S.A. § 4121. https://legislature.vermont.gov/statutes/section/26/081/04121
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an

	affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Virginia

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Virginia defines clinical psychology to include hypnosis when used in diagnosis and treatment of mental and emotional disorders, psychological interventions, disorders of habit or conduct, and psychological aspects of physical illness, pain, injury, or disability. Current exemptions should be read together with this scope provision.
Primary authority / source	Va. Code § 54.1-3600. https://law.lis.virginia.gov/vacode/title54.1/chapter36/section54.1-3600/
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — "Hypnotherapist"	No express standalone restriction on "Hypnotherapist" is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide's conservative interstate standard pending independent verification: identify both practitioner and client locations, comply

	with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Washington

Research classification	GREEN/YELLOW
Research status	OFFICIAL SOURCE RECHECKED
Current legal feature	Washington requires registration to practice hypnotherapy for a fee. State law and WAC provisions define a hypnotherapist as a person registered under chapter 18.19 RCW who practices hypnosis as a modality and impose professional-conduct, documentation, disclosure, and renewal requirements. Current fees and application procedures should be verified directly with the Department of Health.
Primary authority / source	RCW Chapter 18.19, including RCW 18.19.020 and 18.19.035; WAC Chapter 246-810. Official statute: https://app.leg.wa.gov/RCW/default.aspx?cite=18.19
IAIH/IIH guidance	A nontherapeutic or registration-based pathway appears to exist, but comply strictly with registration, disclosure, advertising, recordkeeping, and scope limits. Do not extend the pathway into medical or mental-health treatment unless expressly authorized.
Occupational title — “Hypnotherapist”	Washington expressly defines “Hypnotherapist” as a person registered under Chapter 18.19 RCW who practices hypnosis as a modality, and RCW 18.19.035 requires registration to practice hypnotherapy for a fee or as part of certain state employment. Treat the title as registration-linked.
Referral / prescription / supervision	Registration authorizes the statutory hypnotherapist role but does not independently expand the practitioner into another licensed health profession. Practitioners should independently confirm the limits of hypnotherapist scope and disclosures.
Online / interstate	Washington’s counseling chapter should be reviewed for application to services delivered to Washington clients from outside the state and for any current telehealth requirements.
PRACTITIONER VERIFICATION POINT	Confirm current Chapter 18.19/WAC requirements, including disclosures, records, fees, mandatory reporting, title usage, and interstate application.
Last research update	August 30, 2026

West Virginia

Research classification	YELLOW
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	The current catalog research did not identify a stand-alone hypnosis statute for West Virginia. That does not mean hypnosis is unregulated. The principal legal questions are whether the proposed service falls within medicine, psychology, counseling, psychotherapy, dentistry, substance-use treatment, or another licensed profession; whether any occupational title is protected; and whether a state-specific exemption applies. The current matrix characterizes the state as: No stand-alone hypnosis statute identified in current catalog.
Primary authority / source	Current state professional-practice, title-protection, consumer-protection, and health-occupation statutes require primary-source independent verification.
IAIH/IIH guidance	Use a conservative nontherapeutic scope pending current primary-law verification. Do not rely on the absence of a hypnosis-specific statute as permission to diagnose or treat regulated conditions.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of

	referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Wisconsin

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Wisconsin defines the practice of psychology, when done for a fee, to include hypnosis, counseling, consultation, psychoanalysis, psychotherapy, biofeedback, behavior therapy, and applied behavior analysis. Current exemptions and the boundary for nontherapeutic hypnosis should be independently verified.
Primary authority / source	Wis. Stat. § 455.01(5). https://docs.legis.wisconsin.gov/statutes/statutes/455/01/5
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

Wyoming

Research classification	ORANGE
Research status	ADDITIONAL VERIFICATION RECOMMENDED
Current legal feature	Wyoming includes hypnosis within the statutory practice of psychology. Current exemptions, licensing requirements, and the implications for nontherapeutic hypnosis

	should be independently verified from the present Wyoming statutes and Board rules.
Primary authority / source	Wyo. Stat. § 33-27-113 and Psychology Board rules. https://psychology.wyo.gov/rules
IAIH/IIH guidance	Assume substantial regulated-profession overlap for therapeutic work. Keep any unlicensed services within a clearly lawful nontherapeutic/exempt pathway and avoid diagnosis, treatment claims, and protected titles.
Occupational title — “Hypnotherapist”	No express standalone restriction on “Hypnotherapist” is confirmed in the current research for this entry. This is not an affirmative finding that the title is lawful in every context. Practitioners should independently verify title-protection statutes, board rules, and whether the title could imply a regulated health-profession license based on the services advertised.
Referral / prescription / supervision	No general referral/prescription/supervision safe harbor has been confirmed for this jurisdiction in the current research. A referral should be treated as clinically useful coordination only unless current law expressly gives it legal significance.
Online / interstate	No hypnosis-specific interstate rule is confirmed in this entry. Apply the guide’s conservative interstate standard pending independent verification: identify both practitioner and client locations, comply with all reasonably applicable law, and use the more restrictive rule when the jurisdictions differ or are uncertain.
PRACTITIONER VERIFICATION POINT	Confirm the current primary authority; any exemptions; whether nontherapeutic hypnosis is lawful; whether therapeutic/medical/mental-health use is reserved; title restrictions; the legal effect of referral/supervision; and any remote-practice rule.
Last research update	August 30, 2026

13. Practitioner Scope-of-Practice Decision Process

The IAIH Scope of Practice Assessment Protocols correctly treats scope as a case-by-case decision involving law, credentials, competence, client safety, and professional boundaries. The revised national standard below preserves that framework while removing language that could imply that an unlicensed hypnosis practitioner should independently diagnose, clinically assess, or manage conditions reserved to licensed health professionals.

A. Jurisdiction and legal authority

- Identify the practitioner's physical location and the client's physical location for each session.
- Determine whether the proposed service is nontherapeutic, therapeutic, or within a gray area under this Guide.
- Determine whether applicable law regulates hypnosis/hypnotherapy directly or places the proposed activity within medicine, psychology, counseling, psychotherapy, dentistry, social work, or another licensed profession.
- Determine whether any registration, exemption, referral, prescription, supervision, collaboration, or other statutory pathway actually applies. Do not assume that a referral creates legal authority.

B. Practitioner competence and credentials

- Am I specifically trained and competent for the service I propose to provide?
- Do my certification, education, experience, and any professional license I independently hold support this work?
- Am I being asked to diagnose, treat, or manage something outside my legal or professional role?
- Would consultation or supervision materially improve safety or competence? If uncertainty remains, refer out.

C. Client and case factors

- What is the client actually requesting, and what outcome is being promised or implied?
- Is there a diagnosed or suspected medical, dental, psychiatric, psychological, substance-use, or other health condition relevant to the request?
- Is the client currently under the care of a licensed professional, taking medication, in active addiction or withdrawal, or experiencing a condition for which abrupt behavioral change could create risk?
- Is there significant impairment, instability, severe trauma history, cognitive limitation, or another factor that makes hypnosis inappropriate without additional evaluation or coordination?
- Are there boundary concerns, dual relationships, strong transference/countertransference, conflicts of interest, or conflicts between the client's beliefs and the practitioner's approach?
- Is the client able to give informed consent and understand the nature and limits of the service?

D. Safety and crisis screen

A hypnosis practitioner who is not independently licensed and trained to perform formal suicide, violence, or psychiatric risk assessment should not assume the role of a crisis clinician. Suicidal or homicidal ideation, credible threats, acute psychosis, severe disorientation, an attempt in progress, or another immediate safety crisis may place the case outside the practitioner's scope and require prompt involvement of qualified crisis, medical, mental-health, or emergency professionals.

The purpose of the practitioner's safety screen is not to diagnose or assign a clinical risk level. It is to recognize a disclosure or circumstance that requires the hypnosis work to stop or be postponed and to connect the person with appropriate help.

E. Decision

- Proceed only when the service is lawful, within competence, appropriately described, and reasonably safe.
- Proceed only with required referral/prescription/supervision when the applicable law recognizes that pathway and its requirements are satisfied.
- Pause and obtain qualified consultation when the legal or clinical boundary is uncertain.

- Refer out when the client's needs exceed the practitioner's legal authority, competence, training, or ability to provide the service safely.
- Document the scope-of-practice decision, consultations, referrals, and any limitations placed on the service.

IAIH/IIH operating principle: "When in doubt, refer out."

- Identify where the practitioner is physically located and where the client is physically located.
- Identify the exact service requested and the outcome being promised.
- Ask whether the client is seeking help with a diagnosed medical, dental, psychiatric, psychological, or substance-use condition.
- Ask whether the issue is a symptom of a known condition, involves significant impairment, or is currently under licensed professional treatment.
- Determine whether applicable law expressly regulates hypnosis/hypnotherapy or places the proposed activity inside another licensed profession.
- Determine whether a statutory exemption, registration, referral, prescription, supervision, or other pathway actually applies.
- Assess titles, website language, informed-consent language, and advertising claims separately from the intervention itself.
- If the answer remains uncertain, do not characterize the service as treatment and do not proceed with regulated-health work until the proper authority or counsel confirms the lawful scope.

14. Suicidal, Homicidal, and Other Crisis Situations

Scope boundary

Suicidal or homicidal ideation is not an appropriate target for hypnosis by a practitioner who lacks the independent professional license, crisis training, and legal authority to assess or treat that condition. The practitioner should not attempt to use hypnosis to resolve an acute safety crisis, substitute hypnosis for emergency or behavioral-health evaluation, or represent themselves as providing suicide or violence-risk assessment unless independently qualified and authorized to do so.

What the practitioner should do

- Stop or postpone hypnosis when a client discloses current suicidal intent, homicidal intent, a credible threat of serious harm, an attempt in progress, or another acute crisis.
- Remain calm, take the disclosure seriously, and do not promise secrecy. Explain that safety concerns may require contacting crisis or emergency resources consistent with applicable law and the practitioner's informed-consent policy.
- For a person in emotional or behavioral-health crisis in the United States, connect the person with the 988 Suicide & Crisis Lifeline by calling or texting 988. The practitioner may also contact 988 for guidance when concerned about another person.
- If there is immediate physical danger, an attempt in progress, a specific plan that the person intends to carry out immediately with available means, a credible immediate threat to another person, or another medical/public-safety emergency, contact 911 or the appropriate local emergency service and provide the client's current physical location.

- For online practice, confirm the client's physical location and an emergency contact at intake and maintain a practical plan for reaching emergency services in the client's jurisdiction.
- Do not resume hypnosis directed at the crisis issue merely because the immediate moment has passed. Refer the client for appropriate licensed evaluation/treatment and reassess whether any future hypnosis service is lawful, within scope, and appropriately coordinated.
- Document factually what the client said or did, the practitioner's actions, referrals/resources provided, persons or services contacted, and the disposition known to the practitioner. Avoid making a diagnosis or unsupported clinical risk classification.

The practitioner's role is recognition, safety-oriented response, referral, and appropriate emergency activation - not independent crisis diagnosis or treatment unless the practitioner separately holds the credentials and legal authority to perform those functions.

15. IAIH/IIH Recommended National Scope Standard

IAIH/IIH recommends the following minimum standard for graduates and certified practitioners:

- Practice only within training, competence, certification, and applicable law.
- Do not diagnose medical or mental-health disorders unless independently licensed and legally authorized to do so.
- Do not represent hypnosis as curing or treating a disease/disorder unless the practitioner is legally authorized for that treatment in the applicable jurisdiction.
- Use the Scope-of-Practice Assessment before accepting cases involving medical, dental, psychiatric, psychological, substance-use, trauma, pain, or other health-related conditions.
- A referral is an ethical safeguard and may be legally required, but it is not presumed to authorize practice unless the applicable law gives it that effect.
- For interstate sessions, comply with all applicable jurisdictions and use the more restrictive standard as IIH policy when the law is uncertain.
- Disclose clearly that IAIH/IIH certification is not a state health-profession license.
- Treat suicidal or homicidal ideation and acute behavioral-health crises as potential scope-of-practice exclusions for unlicensed hypnosis practitioners; stop hypnosis and use appropriate referral/crisis procedures rather than attempting independent risk assessment or crisis treatment.
- Maintain an emergency plan for remote practice, including the client's current physical location and appropriate local crisis/emergency resources.

16. Practitioner Verification Checklist

- Before providing or advertising services, practitioners should verify the following for each jurisdiction that may apply:
- Whether hypnosis or hypnotherapy is specifically regulated, registered, exempted, or included within another licensed profession.
- Whether the proposed service is nontherapeutic self-improvement, a gray-area service, or treatment of a medical, dental, psychological, psychiatric, substance-use, pain, or other health condition.
- Whether a referral, prescription, supervision, direction, collaboration, or other relationship has legal significance in that jurisdiction.

- Whether the occupational title “Hypnotherapist,” “Hypnotist,” “Clinical Hypnotist,” or related wording is restricted or could imply a license the practitioner does not hold.
- Whether registration, disclosures, informed-consent language, advertising restrictions, recordkeeping, mandatory reporting, or other requirements apply.
- For remote services, which laws may apply based on both the practitioner’s location and the client’s physical location at the time of service.
- Whether the cited authority remains current. When the answer is unclear or the proposed activity may enter a licensed profession, consult the appropriate state regulatory authority or qualified legal counsel.

17. Research and Publication Standard

Sources for this guide are ranked in the following order: (1) current state statutes; (2) current administrative regulations; (3) official licensing-board/agency guidance; (4) attorney general or reported court decisions; and only then (5) secondary hypnosis-industry summaries. Older board minutes, archived pages, and private law summaries should be replaced wherever a current statute, regulation, or official agency source is available. The research-status legend distinguishes authorities rechecked against official sources from material for which additional independent verification is recommended.

Each state entry should contain: (1) current primary authority and official link where available; (2) whether hypnosis/hypnotherapy is specifically named; (3) whether nontherapeutic hypnosis has an express or inferred pathway; (4) limits on therapeutic, medical, dental, psychological, psychiatric, pain, addiction, or other health-related uses; (5) whether referral, prescription, supervision, direction, or responsibility has legal significance; (6) occupational-title restrictions; (7) registration, disclosure, or recordkeeping requirements; (8) interstate/online considerations when identifiable; (9) a concise IAIH/IIH practical guidance statement; and (10) the date of last verification. The school catalog should draw from this same verified research base using a shorter disclosure format.

18. Legal Information, AI Assistance, and Disclaimer

This guide is provided by the International Association of Interpersonal Hypnotherapists (IAIH) for educational and informational purposes only. It is intended to help practitioners identify laws, regulations, licensing requirements, professional-practice restrictions, and other legal considerations that may be relevant to hypnosis and hypnotherapy in the United States. This guide is not legal advice and should not be relied upon as a legal opinion or as a determination that any particular service, practice, occupational title, advertisement, or professional activity is lawful in any jurisdiction.

Laws and regulations governing hypnosis, hypnotherapy, health care, psychology, counseling, psychotherapy, medicine, complementary health practices, occupational titles, advertising, remote practice, and related activities vary among jurisdictions and may change at any time. Regulatory agencies, licensing boards, courts, and other authorities may interpret or enforce these laws differently.

Portions of this guide were researched, organized, summarized, and drafted with the assistance of artificial intelligence. AI-assisted research and drafting may contain errors, omissions, outdated information, or incorrect interpretations. Where possible, this guide provides links to statutes, regulations, licensing boards, and other governmental sources so readers can review the underlying authority directly. Inclusion of a citation or link does not guarantee that the source is current, complete, or applicable to a particular practitioner or

circumstance.

Practitioners are individually responsible for determining the laws applicable to their own practice. Before providing services, practitioners should independently verify current requirements in the jurisdiction where they are practicing and, for remote services, in the jurisdiction where the client is physically located. When a legal requirement or scope-of-practice issue is unclear, practitioners should consult the appropriate state licensing or regulatory authority or a qualified attorney in the relevant jurisdiction.

IAIH certification and education provided by the Institute of Interpersonal Hypnotherapy (IIH) do not constitute a state health-care or mental-health license and do not independently authorize any activity reserved by law to a licensed profession. IAIH, IIH, and their officers, employees, instructors, and affiliates do not represent or warrant that this guide is complete, continuously current, or applicable to any particular practitioner or circumstance. Inclusion of a state in this guide does not constitute authorization to practice hypnosis or hypnotherapy in that state.

Research last updated: August 2026.