



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA
 Phone: 734-761-6268 Fax: 734-663-6861 Website: www.AppliedMetapsychology.org
 Email: info@AppliedMetapsychology.org

ADVANCED TIR & LSR FACILITATOR CERTIFICATION/ACCREDITATION APPLICATION

INITIALS

- _____ **A)** I hereby apply for Certification/Accreditation as an Advanced TIR & LSR Facilitator.
- _____ **B)** I attest that I successfully completed the TIR – Expanded Applications Workshop and either the Life Stress Reduction Techniques and Case Planning Workshop or the Fundamentals and Techniques of Life Stress Reduction Workshops with Trainer(s) _____ and I have completed an Internship covering the materials of these workshops with Trainer _____ as covered below.
- _____ **C)** I have delivered a minimum of 50 successful hours of viewing sessions, on a good sampling of the techniques covered in these workshops to a minimum of 6 clients, under the supervision of an AMI Certified/Accredited trainer/technical director and I submit a session log documenting these hours. The session log includes what was addressed in each session, length of each session, and the end result of each session.
- | _____ **D)** I have written LSR case plans for the successful resolution of the ~~clients~~client's issues, completing at least one person to his/her satisfaction on Life Stress Reduction.
- | _____ **E)** I enclose standard-size audio or video tape(s), CD, or DVD of a complete session, on techniques for this training level, for review by the AMI Certification/Accreditation Committee. I understand that Certification/Accreditation is contingent on an audio, or video, tape being accepted by the Certification/Accreditation Committee. If the tape enclosed with this application is not accepted, I will be informed as to what is unacceptable and extended the opportunity to submit another tape. The maximum number of tapes that will be reviewed by the Certification/Accreditation Committee is three. If all three tapes are unacceptable, I will be required to start a new application process, which includes paying another application fee.
- | _____ **F)** I enclose a signed copy of the client release form for the above recording(s).
- | _____ **FG)** I have personally received at least 10 hours of successful facilitation at this level.
- | _____ **GH)** I enclose my completed written exam for this level of Certification/Accreditation.
- | _____ **HI)** I have a current AMI/TIRA membership, or I am renewing my membership application along with this Certification/Accreditation application. I understand that I need to keep my membership current in order to maintain the validity of my Certification/Accreditation.
- | _____ **IJ)** I understand that my certificate is valid for a period of three years (with current membership) and that at the end of three years I will need to apply for Re-Certification/Accreditation, documenting at least 21 hours of continuing education in the field. I understand that I will only need to renew my highest level of Certification/Accreditation.
- | _____ **JK)** I understand that if I allow my Certification/Accreditation to lapse for a year or more that further training and supervision will be needed to the satisfaction of my trainer for me to be able to re-certify at this level, and that I will need to send in a new tape with my application.
- | _____ **K)** I enclose the Certification/Accreditation application fee and also my membership application fee, if necessary.

Signature: _____ Date: _____

Certification/Accreditation Application Fee: \$ 125.00

Membership can be renewed or extended for up to three years.

~~Number of years _____ @ \$100 per year or \$225 for three years _____ \$ _____~~

~~**TOTAL ENCLOSED:** _____ \$ _____~~

Method of Payment Visa Mastercard Check in US dollars, drawn on US bank, payable to AMI

Card Number: _____ CCV Code (last 3 digits on back of card) _____

Expiration Date: _____ Card Holder's Signature: _____

APPLICANT: PLEASE SEND YOUR COMPLETED APPLICATION & FEE(S) TO YOUR TRAINER.



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Release

I, _____, do hereby consent to and authorize the audio and/or audio-visual recording of my counseling and viewing sessions for use in the professional training, certification review and continuing education of counselors and facilitators. Accordingly, I hereby grant _____ (facilitator), Applied Metapsychology International and their professional associates the right to use all or parts of such recordings for the stated purposes at their discretion, and I release them and their colleagues from any and all actions, suits, and claims of damage based on their use of such recordings for these purposes. In providing this consent and release, I affirm that my only consideration and compensation is the personal satisfaction of knowing that I shall have contributed to enhancing the training and competence of helping professionals.

SIGNATURE: _____

DATE: _____



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TRAINER: Please send Certification/Accreditation application and fee(s) to TIRA, along with your letter of recommendation for Certification/Accreditation, when you have accepted Facilitator's session tape, and the completed Certification/Accreditation application.

Written Exam for ATIRF Certification/Accreditation

1. The purpose of Life Stress Reduction is:
2. A client has had a very upsetting performance review with his/her boss resulting in the client feeling stunned and invalidated. Name at least three ways you could address this situation (extra credit for more).
3. What are the advantages of a written case plan?
4. What strategy would you use to address a complicated bereavement (complicated bereavement is the state of being overwhelmed by grief and loss)?
5. Why do we have a great array of short Unlayering? What is their function?



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6. Explain how you would address the situation of a viewer having a long term, very difficult relationship with his/her parents.