



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

SUPPLEMENTAL WORKSHOP APPROVAL FORM

I _____ a Certified/Accredited _____ (level of Certification/Accreditation) Trainer, qualified to deliver the ~~Schema Workshop~~ following supplemental workshop(s):

~~Schema Workshop~~ ~~Biomonitoring Workshop~~

have apprenticed and approved _____ who is a Certified/Accredited _____ (level of Certification) Trainer, in the delivery ~~and technical direction skills needed to teach the Schema Workshop~~ of the following supplemental workshop(s):

~~Schema Workshop~~ ~~Biomonitoring Workshop~~

S/he has co-lead, and/or lead under my supervision the workshop(s) ~~being requested for approval~~ to my satisfaction and I am fully confident in his/her ability to perform all of the functions for delivering successful workshops on this material.

Other relevant notes on this applicant: _____

I am confident that s/he is professional and competent and will represent both AMI and the subject of ~~TR~~/Applied Metapsychology well. Should any question of the applicant's abilities or professionalism arise, I will be available for any coaching or retraining that may be requested of me by the AMI -Certification/Accreditation Committee.

Signature: _____

Date: _____



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA

Phone: 734-761-6268 Fax: 734-663-6861 Website: www.AppliedMetapsychology.org

Email: info@AppliedMetapsychology.org