



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

LIFE STRESS REDUCTION TRAINER CERTIFICATION/ACCREDITATION APPLICATION

INITIALS

~~A) I hereby apply for Certification/Accreditation as a Life Stress Reduction Trainer, qualified to teach the TIR – Expanded Applications & Life Stress Reduction Techniques Workshop and the Life Stress Reduction – Techniques and Case Planning Workshop.~~

~~B) I am a Certified/Accredited TIRT and a Certified/Accredited LSRF.~~

~~C) I attest that I have successfully completed an LSR Instructor Program training and apprenticeship under an AMI Certified/Accredited LSR TT (or higher level of Trainer of trainers): Ability Enhancement Trainer & Technical Director, _____, consisting of having co-lead or lead with supervision the TIR – Expanded Applications and the Life Stress Reduction – Case Planning workshops to my trainer’s satisfaction.~~

~~DE) I attest that I am sufficiently conversant with the technical direction materials and skills needed to deliver these TIR – EA W workshop and the LSR – CP Workshops successfully and to provide technical direction at this level.~~

~~E) I enclose a standard-size video tape, DVD, .wav or .mp4 recording of myself doing demonstrating Communication Exercise 8 as a student facilitator demonstrating delivering a technique at this level with an AMI Certified/Accredited TIR Trainer (or higher level AMI Certified/Accredited Trainer) as the tutor/viewer.~~

~~D) I attest that I am thoroughly familiar with all the procedures and forms contained in the Trainer Kit and how to use them.~~

~~E) I agree to use AMI approved training manuals, providing one for each student. I will print the manuals from _____ a master which I will be given access to in the Trainer Kit on-line under a secure user name and password. I will not give out my user name and/or password to anyone. I will pay AMI a licensing fee for every student that I train in _____ accordance with Policy 2-9.~~

~~F) I agree that in addition to those materials provided by AMI, any new promotional material (this includes all sorts of printed material – flyers, brochures, etc., email broadcasts, and any web sites, other than the TIRA site or the other sites listed in Policy 2-4, where my workshops have been mentioned) that I create or hire another to create in my name to promote any/all AMI trainings will be created and/or used under the guidance of Policy 2-4.~~

~~G) I agree to provide AMI with the typed names and full contact information of each of my graduates along with the quizzes and evaluation forms for each student.~~

~~FEH) I attest that I have completed my own Life Stress Reduction program at this time.~~

~~I) I have a current AMI/TIRA membership, or I am renewing my membership along with this~~

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Comment [V1]: These points covered in the Trainer Agreement already signed at the time of TIRT Certification/Accreditation



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Certification/Accreditation application. I understand that I need to keep my membership current in order to maintain the validity of my Certificate/Accreditation.

~~GFJ~~ I understand that my certificate is valid for a period of three years 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.

~~HGK~~ 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 the AMI Certification/Accreditation Committee~~ for me to be able to re-Certify/Accredit at this level, and that I ~~may be required will need to deliver another supervised co-lead, or lead under supervision, at least one~~ workshop before ~~my application~~ing for Re-Certification/Accreditation ~~will be accepted~~.

~~IHL~~ I enclose the Certification/Accreditation application fee ~~and also my membership application, if necessary~~.

Signature: _____ Date: _____

Certification/Accreditation Application Fee: \$ 125.00

Method of Payment: Visa MasterCard Discover 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.

TRAINER—Please send Certification/Accreditation application and fee(s) to AMI 5145 Pontiac Trail, Ann Arbor MI 48105, USA, along with the Trainer Kit Quiz (if not done previously), your letter of recommendation for Certification/Accreditation, and the completed Certification/Accreditation application when your once the applicant has completed both study and apprenticeship to your satisfaction.