



**LIFE STRESS REDUCTION ADVANCED TIR & LSR FACILITATOR**  
**CERTIFICATION/ACCREDITATION APPLICATION**

**INITIALS**

- \_\_\_\_\_ **A)** I hereby apply for Certification/Accreditation as ~~a~~ **Life Stress Reduction Advanced TIR & LSR** Facilitator.
- \_\_\_\_\_ **B)** I attest that I successfully completed the TIR – Expanded Applications & Life Stress Reduction Techniques 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 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).
- \_\_\_\_\_ **G)** I have personally received at least 10 hours of successful facilitation at this level.
- \_\_\_\_\_ **H)** I enclose my completed written exam for this level of Certification/Accreditation.
- \_\_\_\_\_ **I)** 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.
- \_\_\_\_\_ **J)** 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.
- \_\_\_\_\_ **K)** 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.
- \_\_\_\_\_ ) 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  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 TIRA, along with your letter of recommendation for Certification/Accreditation, when you have accepted Facilitator's session tape, and the completed Certification/Accreditation application.**

## Release

I, \_\_\_\_\_, do hereby consent to and authorize the use of any audio or audio-visual tape recording of me made during the course of my counseling or viewing sessions solely for the purpose of furthering professional education, training, and competence. Accordingly, I hereby grant \_\_\_\_\_ (*facilitator*), Applied Metapsychology International, and their agents and professional associates the right to use all or parts of such recordings for the purpose of review for supervision and Certification/Accreditation of the aforementioned facilitator, 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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*Written Exam for ATIR&LSRF 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)?

