



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA
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**ABILITY ENHANCEMENT TRAINER
CERTIFICATION/ACCREDITATION APPLICATION**

INITIALS

- _____ **A)** I hereby apply for Certification/Accreditation as an Ability Enhancement Trainer, qualified to teach the *Ability Enhancement Facilitator Workshops 1- 8*, the *Ability Enhancement Technical Direction Course* and the *Exploration and Enhanced Rapport Workshop*.
- _____ **B)** I am a Certified/Accredited LSRT and a Certified/Accredited AEF.
- _____ **C)** I attest that I have successfully completed the *Ability Enhancement Technical Director Workshop* on _____ (date) with AMI Certified/Accredited AET (or higher level AMI Certified/Accredited Trainer) _____.
- _____ **D)** I attest that I have successfully completed an Ability Enhancement Instructor Program and apprenticeship under AMI Certified/Accredited SAET _____, consisting of having co-lead or lead with supervision the *Ability Enhancement Facilitator Workshops 1- 8* to my trainer's satisfaction.
- _____ **E)** I attest that I am sufficiently conversant with the materials and skills needed to deliver all workshops at this level successful and to provide technical direction at this level.
- _____ **F)** I have a current TIRA membership, or I am renewing my membership 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.
- _____ **G)** I enclose a standard-size video tape, DVD, .wav or .mp4 recording of myself demonstrating Communication Exercise 8 as a student facilitator demonstrating a technique at this level with an AMI Certified/Accredited TIR Trainer (or higher level AMI Certified/Accredited Trainer) as the tutor/viewer.
- _____ **H)** 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.
- _____ **I)** 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 the AMI Certification/Accreditation Committee for me to be able to re-Certify/Accredit at this level, and that I may be required to co-lead, or lead under supervision, at least one workshop before my application for Re-Certification/Accreditation will be accepted.
- _____ **J)** I enclose the Certification/Accreditation application fee.

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 all attachments and your letter of recommendation once the applicant has completed both study and apprenticeship to your satisfaction.**