



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

Applicant : (PRINT clearly, as you wish your name to appear on your certificate)

INITIALS

- _____ **A)** I hereby apply for certification as an Ability Enhancement Trainer, qualified to teach the *Ability Enhancement Facilitator Workshops 1- 8*, the and the *Exploration and Enhanced Rapport Workshop*.
- _____ **B)** I am a Certified LSRT and a Certified AEF.
- _____ **C)** I attest that I have successfully completed the *Ability Enhancement Technical Director Workshop* on _____ (date) with AMI Certified AET (or higher level AMI Certified Trainer) _____.
- _____ **D)** I attest that I have successfully completed an Ability Enhancement Instructor Program and apprenticeship under AMI Certified Senior AE Trainer _____, 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 application. I understand that I need to keep my membership current in order to maintain the validity of my certification.
- _____ **G)** 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, 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.
- _____ **H)** I understand that if I allow my certification to lapse for a year or more, that further training and supervision will be needed to the satisfaction of the AMI Certification Committee for me to be able to re-certify 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 will be accepted.
- _____ **I)** I enclose the certification application fee.

Signature: _____ Date: _____

Certification Application Fee: Category A Countries - \$150.00 Category B Countries - \$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: _____

Or, _____ PayPal (Send to: finance@tir.org)

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

_____ TRAINER—Please send completed certification 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.