



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

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 further understand that to re-certify as a trainer I must have delivered at least one successful workshop within the last three years.
- _____ **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.**



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Agreement for Licensing for Use of Names, Logos & Copyrighted Material

Use of Logos

AMI encourages certified facilitators and trainers to use their association with AMI and the TIR Association, in alignment with the Agreement for Licensing of Use of Names. (see below). AMI/TIRA graphics and logos are intended for this purpose. Examples are: the AMI/TIRA logo that is used on the Newsletter masthead, the AMI logo, and the Metapsychology "Ψ" with infinity-sign logo.

Names and Logos List

Applied Metapsychology

AMP

Applied Metapsychology International

AMI

Traumatic Incident Reduction

TIR

Life Stress Reduction

LSR

The AMI logo

The AMI/TIRA logo

The TIR Association TIRA

The TIRA logo

The psi + ∞ symbol

Any other names and symbols that may be adopted by AMI

To use any of the above names or logos representing TIR and Applied Metapsychology, certified facilitators and trainers need to:

1. Have signed the Agreement for Licensing of Use of Names upon first becoming certified and every three years upon re-certification.
2. Have a current membership in the TIR Association and have current certification from AMI.



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Agreement for Licensing of Use of Names, Logos & Copyrighted Material

The undersigned (hereinafter called the certified facilitator or trainer), acknowledging and having an interest in preservation and protection of the names and materials of Applied Metapsychology International (hereinafter called AMI), agrees to the following provisions. This signed document and the maintenance of the facilitator or trainer's current and up-to-date TIRA membership and certification as a facilitator or trainer in good standing with AMI, give the certified facilitator or trainer the license to use the names of Traumatic Incident Reduction, TIR, Life Stress Reduction, LSR, Applied Metapsychology, AMP, and, for trainers, the copyrighted current training materials, including names of specific programs and techniques.

I, (Trainer's name) _____

acknowledge and agree that:

- The names, logos, and symbols covered above, and the copyrighted training materials of TIR, LSR, and AMP are the intellectual property of AMI, a U.S. nonprofit corporation.
- My permission as a Certified Facilitator (and Trainer, if applicable) to use the names, logos, symbols and copyrighted materials is contingent upon my keeping my membership in the TIR Association and my certification current and maintaining my good standing with AMI.
- My use of these names, logos, symbols and materials does not affect AMI's ownership of them.
- My use of these names, logos, symbols, and materials is under the agency of, and with the permission of AMI.

I further acknowledge that AMI has the right to protect its intellectual property and that should I violate the terms of this agreement:

1. AMI is entitled to recover any relevant legal fees from me in pursuit of this right.
2. I agree to indemnify AMI for any damages from the misuse of these marks or materials.

Signature: _____ Date: _____