



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA  
Phone: 734-761-6268 Fax: 734-663-6861 Website: [www.AppliedMetapsychology.org](http://www.AppliedMetapsychology.org)  
Email: [info@tir.org](mailto:info@tir.org)

## ***SENIOR LSR TRAINER CERTIFICATION APPLICATION***

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

### ***INITIALS***

- \_\_\_\_\_ **A)** I hereby apply for Certification as a SLSRT, trainer of trainers, qualified to apprentice LSR Trainers.
- \_\_\_\_\_ **B)** I am a Certified Life Stress Reduction Trainer and a Certified Senior TIR Trainer, or I am also submitting my application as a Senior TIR Trainer at this time.
- \_\_\_\_\_ **C)** I attest that I have successfully delivered some combination of a minimum of 6 second level workshops, including at least two of each, *Life Stress Reduction – Case Planning Workshop (LSR-CPW)* and *TIR – Expanded Applications Workshop (TIR-EAW)*.
- \_\_\_\_\_ **D)** I understand that the average of the AMI Objective Measures of Learning Quizzes from my last combination of 6 *LSR-CPWs* and *TIR-EAWs* needs to be 76% or higher.
- \_\_\_\_\_ **E)** I understand that the average of the AMI Summary Evaluation Forms from my last combination of 6 *LSR-CPWs* and *TIR-EAWs* needs to be 4.0 or higher.
- \_\_\_\_\_ **F)** I attest that I have successfully brought at least four interns successfully through the AMI Certification process as LSR Facilitators.
- \_\_\_\_\_ **G)** I attest that over the past 24 months (or since having become certified as a trainer if I have met all the other requirements in less time) I have reliably submitted my complete workshop paperwork and fees to AMI within 20 days of the workshops completion, as per policy.
- \_\_\_\_\_ **H)** I enclose a summary of three instances of case supervision that I have provided to students/facilitators/trainees under my supervision at this level.
- \_\_\_\_\_ **I)** I enclose three testimonials concerning the quality of my delivery from students to whom I have delivered these workshops. (These may be taken from post-workshop evaluation forms.)
- \_\_\_\_\_ **J)** I attest that I have the skills to oversee a trainer apprenticeship at this level and I enclose a summary of my experience as a trainer (include any past relevant experience) and why I would like to be considered for certification as a Senior Trainer at this level.
- \_\_\_\_\_ **K)** 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 recertification, 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.



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- \_\_\_\_\_ **L)** 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 as a Senior Trainer, 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 my Certification as a Senior Trainer may be subject to further requirements before it will be renewed. . I understand I may have to pay for the further training and supervision.
- \_\_\_\_\_ **M)** I understand that once my application is received and reviewed, I will be contacted by a member of the Certification Committee to schedule an in depth interview, through which the Committee will make the final determination on my application. I agree to make myself as available as possible for scheduling this interview.
- \_\_\_\_\_ **N)** I enclose the certification application fee.
- \_\_\_\_\_ **O)** I am willing to be publically announced as certified at this level in the AMI/TIRA Newsletter    ☐ Yes    ☐ No
- \_\_\_\_\_ **P)** I am willing to be publically announced as certified at this level on the TIR Association Members' email discussion group list.    ☐ Yes    ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification Application Fee: \$25.00**

Method of Payment:

\_\_\_\_\_ Check in US dollars, drawn on US bank, payable to AMI

\_\_\_\_\_ PayPal (Send to [admin@tir.org](mailto:admin@tir.org))

\_\_\_\_\_ Credit Card Number: \_\_\_\_\_

CVV Code (last 3 digits on back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**APPLICANT—PLEASE SEND YOUR COMPLETED APPLICATION TO**  
**AMI 5145 PONTIAC TRAIL, ANN ARBOR, MI 48105, USA**  
**or fax to +1 734-663-6861**