



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

SENIOR TIR 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 STIRT, Trainer of Trainers, qualified to apprentice TIR Trainers.
- _____ **B)** I am a Certified TIR Trainer (or higher level AMI Certified Trainer).
- _____ **C)** I attest that I have successfully delivered the *TIR Workshop* a minimum of 6 times.
- _____ **D)** I attest that I have successfully delivered at least one *TIR Workshop* with 6 or more participants in attendance.
- _____ **E)** I understand that the average of the AMI Objective Measures of Learning Quizzes from my last 6 workshops needs to be 76% or higher.
- _____ **F)** I understand that the average of the AMI Summary Evaluation Forms from my last 6 workshop needs to be 4.0 or higher.
- _____ **G)** I attest that I have successfully brought at least four interns successfully through the AMI Certification process as TIR Facilitators.
- _____ **H)** 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.
- _____ **I)** I enclose a summary of three instances of case supervision that I have provided to trainees under my supervision at this level.
- _____ **J)** 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)
- _____ **K)** I understand that part of my responsibility in training another trainer is to instruct them in AMI policy, procedure and in the use of all forms contained in the Trainer Kit. I attest that I am sufficiently conversant with these materials and have the skills needed to provide this part of a trainer apprenticeship.
- _____ **L)** 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 TIR Trainer.



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_____ M) 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.

_____ N) 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 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.

_____ O) 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.

_____ P) I enclose the Certification application fee.

_____ Q) I am willing to be publically announced as certified at this level in the AMI/TIRA Newsletter ___ Yes ___ No

_____ R) 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)

_____ 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**