



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA
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 Email: info@AppliedMetapsychology.org

RE-CERTIFICATION APPLICATION

NAME _____ PHONE _____

INITIALS _____

E-MAIL _____

_____ **A)** I hereby apply for re-Certification as _____
 (highest level Certification currently held)

_____ **B)** I attest that I have participated in a minimum of 21 hours of trauma or counseling-related continuing education during the past three years, and I enclose documentation (copies of attendance certificates or program schedules, etc).

TIR/Applied Metapsychology continuing education options include:

- TIR/Applied Metapsychology Annual Technical Symposium
- TIR/Applied Metapsychology Workshops such as TIR-EA, LSR, or the Ability Enhancement Facilitator Training Workshops (indicate total number of hours for each)
- Association of Traumatic Stress Specialists (ATSS) Conferences
- Other professional training or conferences on trauma or counseling (send copy of certificate of attendance, or the program for the event with the total hours you attended)

_____ **C)** 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 my trainer for me to be able to be Re-Certified at this level. This may mean that I will need to submit another video recording of a session when applying for Facilitator Certification, or delivering supervised workshops before applying for Re-Certification as trainer.

_____ **D)** I enclose my re-Certification application fee; and also my membership renewal application, if necessary.

Facilitators will receive Certificates for all levels of Facilitator Certification they currently hold.

Trainers will receive Certificates for both their Facilitator levels of Certification as well as their Trainer Certification(s).

Re-Certification Application Fee: Category A countries - \$100 Category B Countries - \$85.00

Method of Payment Visa MasterCard Check in US dollars, drawn on US bank, payable to AMI, or
 _____ Paypal (Send to finance@tir.org)

Card Number: _____ CCV Code _____

Expiration Date: _____

Amount: \$ _____ Signature: _____

Please direct all questions regarding Certification, or Re-Certification, to the AMI Certification Committee Chairperson at certcom@tir.org.

Please direct all questions regarding continuing education credit to the AMI Continuing Education Director at info@tir.org.

**APPLICANT—PLEASE SEND YOUR COMPLETED APPLICATION & FEES TO:
 Applied Metapsychology International, 5145 Pontiac Trail, Ann Arbor, MI 48105-9279 USA or fax to: 734-663-6861**