



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA
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**SENIOR ABILITY ENHANCEMENT TRAINER
CERTIFICATION/ACCREDITATION APPLICATION**

INITIALS

- _____ **A)** I hereby apply for Certification/Accreditation as an SAET, Trainer of Trainers, qualified to apprentice Ability Enhancement Trainers.
- _____ **B)** I am a Certified/Accredited Ability Enhancement Trainer and a Certified/Accredited Senior LSR Trainer *or* I am also submitting my applications as a Senior LSR Trainer at this time.
- _____ **C)** I attest that as an AET I have successfully completed at least one group of students through the *Ability Enhancement Facilitator Workshops 1-8*.
- _____ **D)** I attest that I have successfully delivered the *Ability Enhancement Technical Director Course* at least once.
- _____ **E)** I attest that the average of the AMI Objective Measures of Learning Quizzes for the *Ability Enhancement Facilitator Workshops 1-8* that I have delivered is 76% or higher.
- _____ **F)** I attest that the average of the AMI Summary Evaluation Forms for the *Ability Enhancement Facilitator Workshops 1-8* that I have delivered is 4.0 or higher.
- _____ **G)** I attest that I have successfully brought at least one intern through the AMI Certification/Accreditation process as an Ability Enhancement Facilitator (AEF).
- _____ **H)** I attest that over the past 24 months 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 technical direction that I have provided to students/facilitators/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 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 trainer/facilitator/instructor/teacher experience) and why I would like to be considered for Certification/Accreditation as a Senior Trainer at this level.
- _____ **L)** 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/Accreditation.
- _____ **M)** I understand that if I allow my Certification/Accreditation to lapse for a year or more, that further training and supervision will be needed to the satisfaction of the AMI Certification/Accreditation Committee for me to be able to re-Certify/Accredit 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/Accreditation will be accepted. I further understand that my Certification/Accreditation as a Senior Trainer may be subject to further requirements before it will be renewed.
- _____ **N)** I understand that once my application is received and reviewed I will be contacted by a member of the Certification/Accreditation 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.
- _____ **O)** I enclose the Certification/Accreditation application fee.

Signature: _____ Date: _____

Certification/Accreditation Application Fee: \$ 25.00

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: _____

**APPLICANT—PLEASE SEND YOUR COMPLETED APPLICATION TO
AMI 5145 PONTIAC TRAIL, ANN ARBOR, MI 48105, USA**