

ACADEMY FOR GUIDED IMAGERY

PROFESSIONAL CERTIFICATION TRAINING

STUDENT CONTRACT

This contract sets forth the terms and conditions under which I agree to enroll in Professional Certification Training with the Academy for Guided Imagery, Inc. (AGI).

(1) **AGI Training Requirements**

To be eligible to apply for Certification in Interactive Guided ImagerySM, I understand that I must satisfactorily complete 150 hours of formal training including the following programs:

(A) **Nine Home Study Programs** (65 hrs):

- (FIGI) Fundamentals of Interactive Guided ImagerySM
- (ATS1A) The Role of the Imagery Guide
- (ATS1B) Advanced Work with the Inner Advisor
- (ATS2A) Resistance and Parts Work
- (ATS2B) Parts, Polarities and Conflict Resolution
- (ATS3A) Interactive Guided ImagerySM with Children
- (ATS3B) Adult Survivors of Childhood Abuse
- (ATS4A) Physical, Chronic and Life-threatening Illness
- (ATS4B) Death, Dying, Loss and Transformation

(B) **Two Preceptorships** (52 hours)

These must be attended in person in Los Angeles or online through the internet. There is no home study equivalent.)

- (PRE1) Preceptorship I (3 days (26 hours) of supervised "live" training)
- (PRE2) Preceptorship II (3 days (26 hours) of supervised "live" training)

(C) **Independent Study** (33 hrs)

To be eligible for Certification, I agree that I must show documented evidence of at least 33 hours of Independent Study related to my clinical use of guided imagery and must submit a 2 or 3 page report explaining how these outside courses or trainings have enriched my abilities as an Interactive Imagery GuideSM.

Independent Study can be live or home-study courses I've taken based on lectures and workshops offered at AGI sponsored events, post-licensure courses, workshops, or seminars I have taken in guided imagery, visualization, meditation, hypnosis, or related subjects in the past or during my Certification training.

The major requirement for Independent Study is to document and explain how other training programs and experiences have enriched my understanding and effective use of Interactive Guided ImagerySM.

(2) Essential Clinical Skills and Attitudes

To be eligible for Certification, I understand that I must also:

- (A) Demonstrate competency in guiding each of the eight specific skills taught in the two Preceptorships in accordance with the judgment of AGI faculty.
- (B) Demonstrate both in my guiding and interpersonal interactions, the qualities of attention, respect, appropriateness, non-judgmental attitude, support, and discrimination that are necessary to serve as an effective IGI GuideSM.
- (C) Demonstrate my ability to grow from constructive feedback by AGI faculty of my guiding skills, qualities and attitudes, and my willingness to provide appropriate constructive feedback to other students and AGI faculty.
- (D) Demonstrate my ability to recognize and address potential transference and counter-transference issues when these appear to be influencing my ability to guide effectively.

(3) Ethical Standards

I agree that by signing this contract, I hereby acknowledge that I agree to follow the American Psychological Association (APA) Code of Ethics, and certify that I have not been convicted of any legal or ethical breach by any professional organization or licensing board. I agree that AGI reserves the right to revoke my Certification at any time should I be found guilty of any breach in the APA Code of Ethics, or any other ethical breach. I also agree to notify AGI immediately should I be found guilty of any ethical breach or violation, and that my failure to do so will cause my Certification status to be revoked.

(4) Training Time Requirements

I agree that I must complete all of the above training and any other requirements for Certification eligibility within two years (24 months) from the date of this contract. If I do not, AGI reserve to right to revoke my eligibility for Certification. If there are extraordinary circumstances or medical reasons for not being able to complete Certification Training within two years, I may request an extension in writing. However, I understand and agree that the AGI reserves the right to grant an extension on a case by case basis, and that my request may not be approved.

(5) Care of Training Materials

I understand that the course workbooks, articles, lectures, demonstrations, and experiential exercises contain highly sensitive and confidential personal information that participants were kind enough to share with students learning these techniques. I agree to maintain these training materials the same as my confidential patient files, and to keep them in an appropriate safe place that is inaccessible to others.

All of these training materials are copyrighted and owned by the Academy, and licensed to me for my exclusive personal use as I train to apply for Certification status. I agree that I will not copy, duplicate, or share any of the materials with anyone except other formally registered Academy students who have also signed and submitted an Academy Student Contract like this one. I understand and agree that if I do copy or share any of these materials illegally, I will be expelled from the Academy, denied Certification, and subject to legal action including criminal prosecution for copyright infringement. So don't do it.

(6) Attending Preceptorships Online

To attend Academy Preceptorships online, I understand that I must have access to high speed internet, a computer, webcam, and USB headset and must be familiar with the online technology needed to participate (www.zoom.us). I agree to successfully demonstrate my familiarity at the brief Online Preceptorship Training Meeting scheduled five days before each Preceptorship).

I understand that I must remain present online and participate during all scheduled sessions unless excused from specific sessions by the course instructor for religious or other appropriate reasons.

If online technology fails, I will be available by telephone to join the other students in an extended conference call as backup. If all available technology fails, I will be invited to make-up any lost workshop time by conferencing directly with an Academy faculty member, or by joining the missed portion during the next online preceptorships.

(7) For Licensed Health Care Clinicians

If I have a state license to practice as a health care clinician, I agree to submit a copy to AGI in order to document my legal ability to practice counseling or psychotherapy in my primary state of residence. If I am a full-time student pursuing a credential that will lead to such a license, I agree to submit a copy of my Student Identification card.

I understand that my professional licenses or student registration must be valid, active, and unencumbered for me to be granted Certification and to maintain my Certification status. AGI reserves the right to refuse to award or to revoke Certification should my license be revoked, suspended, or encumbered for any reason at any time. I agree to notify AGI immediately should there be any such change in the status of my state licensure, and that my failure to do so will cause my Certification status to be revoked.

(8) For Health Care Educators, Coaches, and Clergy

If I do not have a valid, active and unencumbered professional license or any other legal right to practice as a health care clinician in my state, I agree to use the techniques I learn from AGI for self-care, personal coaching, and other educational pursuits and purposes only, and that I will not use them to diagnose or treat any physical or mental disorders.

Although Certification training is primarily designed for clinicians licensed to do counseling in the state of their primary residence (or students in an academic program leading to such licensure), we do make exceptions based on individual situations, especially for hypnotherapists, pastoral counselors, clergy, health educators, personal coaches, and art therapists.

In lieu of a license, I agree to submit a one page application letter describing my goals in learning IGI, my plans for using it, my access to psychological consultation or supervision, if needed, and any previous training or experience I've had in counseling.

I will also send a CV or resume. I understand that upon receipt of the above materials, the Academy's Credentials Committee will review my request and make a determination about my eligibility to enter Certification Training.

(9) Informed Consent, Waivers, Releases, and Safety Considerations

AGI was created to provide training to health professionals in the clinical and educational uses of guided imagery. These trainings include not only didactic information, but large and small group experiential exercises, as well as the opportunity for participants to focus on their own personal issues, if they so choose, during the practice. Many participants find these opportunities extremely valuable in their own personal growth and development.

I understand that when working with guided imagery, either on my own issues, in "role plays," or as a guide facilitating the process of another participant, this experience may access, elicit, or evoke powerful emotional responses or memories in me. While this is often therapeutic and useful, it is possible to uncover issues and emotions which have been repressed, forgotten, or dissociated. For this reason, AGI offers the following information, makes the following disclaimers, and advises the following safeguards:

- (A) AGI is a California corporation created to train health professionals to utilize a variety of guided imagery methods with their clients and/or patients. AGI and its staff does not offer psychotherapy or related therapy as part of its workshops or training. AGI recognizes that the possibility exists during its trainings for exposure to powerful psychological contents including memories, fantasies, emotions, and physical reactions to all the above. AGI provides designated, skilled facilitators at each training that are available in case of psychological emergency during the training period. At the same time, AGI strongly encourages all participants going through Certification training to have an established relationship with a competent therapist, preferably one with knowledge of imagery and symbolic process, who can be called on in case there is any overwhelming, threatening, or difficult emergence of material and affect.
- (B) In every experiential session, I know that it is perfectly acceptable when acting as the "client," to not focus on my own issues. As an alternative, AGI suggests that I pick a client, present or past, that I'd like to understand better, and "role play" that client. Alternatively, I can just "make up" a client and role-play that.

AGI has also advised me that my own issues may intrude even if I role play, and that this may occur even if I choose to merely observe, rather than serve as a "client." While AGI recommends taking the opportunity to be a "client" in these settings since this can improve my ability to guide effectively, it is also permissible for me to choose not to be a "client" if I am feeling too vulnerable or do not feel safe doing so in this setting. AGI respects this, and any AGI staff member can help arrange an observing position for me if I prefer. I agree to let a staff member know my choice before the beginning of any exercise so that this can be arranged.

- (C) I also know that, as the "client," it is perfectly acceptable for me to stop the process at any time if I am feeling uncomfortable, or for any reason, I prefer not to continue with the exercise. I understand that all I need to do is open my eyes and let the guide know that I prefer to stop the process where it is, or to let the guide know that I'd like to stop the process and be guided to a place where I feel safer and more centered, etc. As the guide, however, it is my professional responsibility to stay with the "client" in their process until it reaches an acceptable place or conclusion.

(D) By signing this consent form, I, as a workshop, seminar, conference, Preceptorship, or Certification student agree that I understand the above cautions and precautions, and release and indemnify the Academy for Guided Imagery, Inc., its shareholders, directors, officers, employees, consultants, successors and assigns, for any physical or psychological symptoms, damages or other manifestations that may arise as a result of my voluntary participation in these professional training programs.

(10) Tuition, Fees, and Financial Considerations

The tuition for full Certification training includes all course tuitions and fees except for optional CE credit fees and a final \$150 Certification Application Fee. I understand that I may enroll for full Certification training, in separate Level I, II, or III training, or in individual courses, although the latter will be more costly.

I can pay my tuition in full or I can opt for an extended payment plan. If I opt for a payment plan, I agree to sign a promissory note that details all tuition, fees, service charges, and payment arrangements.

If I am on an extended payment plan, my payments must be current or I won't be able to attend Preceptorships or receive home study courses until my payments are up-to-date.

I understand and agree that to be eligible for Certification, I must have paid in full all tuition, fees, and any other financial obligations to AGI.

(11) Cancellation and Refund Policy

I understand that my enrollment in Certification Training represents a serious commitment for both me and AGI. Therefore, I agree that as in the case with almost every educational organization, AGI will not refund tuition if I withdraw or fail to satisfactorily complete my Certification training within two years from the date of my enrollment.

AGI's Preceptorships are the heart of the Certification Training Program. The number of participants is limited because of the number of available faculty required to keep the student/faculty ratio low. Thus, Preceptorships require a great deal of planning and coordination on the part of AGI staff and faculty.

Due to the value of these limited spaces available, I agree to give one month's prior notice if I cancel attendance at a Preceptorship in which I have enrolled. There will be no charge if AGI is notified more than 30 days in advance. With less than 30 day's notice, AGI will charge me a \$100 processing fee and attempt to fill my spot with another student.

If AGI cannot fill my spot (which is quite possible due to the longer planning needs of most professionals), I agree to also pay \$375 (one-half regular) additional tuition to re-register for a future Preceptorship. I understand that cancellations waste resources for both me and AGI, and I agree to do my best to attend the programs for which I have registered.

AGI recognizes that "things happen" and when they do, AGI will do its best to reschedule me and help me meet my course requirements for Certification. However, I understand that AGI cannot be responsible for providing training programs or opportunities beyond those already scheduled and for which I have already registered.

(12) Future Continuing Education Requirements

It is likely that AGI will implement additional Continuing Education requirements that must be met to maintain Certification status in the future. I understand and agree that failure to satisfactorily meet these additional future requirements for periodic re-certification if and when that process is instituted may be grounds for revoking my Certification status in the future.

(13) AGI's Service Marks

AGI's Professional Training and Certification is in Interactive Guided ImagerySM (IGISM) which is also known as Interactive ImagerySM. These are terms for a process AGI has created, developed, refined and taught for over twenty years. Whenever I use these terms and whenever others use these terms to refer to something I do or I am certified to do, I agree to maintain AGI's legal protection of these terms by always using the service mark designation (SM) following their use.

(14) Arbitration Agreement

I agree that any dispute arising out of the relationship between AGI and myself shall be submitted to binding arbitration before an arbitrator mutually agreed upon by the parties involved. If the parties are not able to agree upon the selection of an arbitrator within thirty (30) days of a request for arbitration, the dispute shall be submitted for binding arbitration pursuant to the rules and procedures of the American Arbitration Association, Los Angeles office. It is further specifically agreed that this contract shall be interpreted according to the laws of the State of California, and that the prevailing party shall be entitled to recover their attorney's fees and costs actually incurred.

Signing this document indicates that I have read, understand, and agree to the above terms, conditions, and stipulations.

Name (print): _____

Signature: _____

Date: _____ Email: _____

You will not be able to enroll for Professional Certification or advanced training until this form is returned. Please sign and return this Student Contract to the AGI office with your Student Registration and Enrollment Forms (and Promissory Note, if applicable).

Please complete and return to:

Academy for Guided Imagery • 30765 Pacific Coast Hwy • Suite 355 • Malibu • CA 90265
FAX (310) 474-2777 • Email: train@acadgi.com