

RSM Academy Journey Application

First Time and Refresher Trainees Form

Print Your Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

Gender at Birth (check one): Female, Male; Birthdate: _____

Occupation: _____

Four Prerequisites to Attend:

1. Attended the RSM Academy – Protocol training? ____ Yes; ____ No
 - a. Date and Location: _____
2. Watched the RSM Attachment Webinar? Date Completed: _____
3. Attended the RSM with Excellence Training? ____ Yes; ____ No
 - a. Date. Attended: _____
4. Watched the RSM Trauma Webinar? ____ Yes; ____ No Date Completed: _____
5. Received at least **13 RSM Journey sessions**? ____ Yes; ____ No
 - a. What is your RSM Journey "location" (i.e. what was the name of your last session located at the top of your session form? If you don't know, ask your practitioner.)

 - b. Circle the Global Cores that apply to your RSM Journey so far:
Attachment Trauma Spiritual Abuse Self-Identity
 - c. Name and contact number of *your* certified RSM Practitioner:

6. Given at least **10 RSM Protocol sessions**? ____ Yes; ____ No

- Strongly Suggested reading to prepare for training: Lipton, B. H. (2008). The Biology of Belief: Unleashing the Power of Consciousness, Matter and Miracles. Carlsbad, CA: Hay House Inc.

Do you plan to continue utilizing RSM for your own healing with another certified practitioner?

___ Yes; ___ No

Are you committed to RSM’s professional and ethical standards? ___ Yes; ___ No

What healing have you experienced from your RSM Journey™? _____

Please see the certification requirements on the RSM website. When do you plan to certify as a **RSM Journey Practitioner**? _____

I fully understand that Retracing Sequence Method™ firmly adheres to and is based on the traditional Judeo-Christian Bible and its values; therefore, does not accept the false teachings, perspectives, and activities of occult, cult religions, or New Age. Therefore, I understand and completely agree that RSM™ will not be a good fit for me and my application will not be approved if I am involved with, participating in, or practicing in the occult, a cult religion, or New Age. Additionally, if at any time in the future, I become a member or affiliate with any alternative spiritual perspective, other than the traditional Judeo-Christian Biblical perspective and values, I understand I will no longer be eligible to be certified or practice within the scope of the RSM Protocol.

Verification: My signature below indicates I hereby affirm that my responses to the foregoing questions and statements are true, accurate, and complete and that I have made no misrepresentations regarding them. I understand and acknowledge that my responses will determine whether I satisfy the threshold eligibility criteria for RSM training – any incomplete, false, or misleading responses to the foregoing will render you ineligible to proceed with RSM training, RSM Certification, and result in revocation of your credentials as an RSM Practitioner. I further understand and acknowledge RSM™ is proprietary to its founder, Rashelle Wilson, M.A., CMHC, who retains sole and absolute discretion whether or not to train any applicant.

(Print your name)

Today’s Date: _____

(Your Signature)