

RSM Academy Journey

Registration for current Certified RSM Journey Practitioner

Print Your Name: _____

Phone number: _____

Email Address: _____

Mailing Address: _____

Current Occupation (include your titles and degrees): _____

Please answer the following:

1. The date you attended the last RSM Academy Journey Training: _____
2. Approximately, how many RSM Journey sessions have you given clients? _____
3. What's the location of your personal RSM Journey? _____
 - a. What Global Cores have you addressed? _____
4. Who has been your Certified RSM Journey Practitioner – the one you've received sessions from?

5. When did you last watch RSM's Trauma Webinar? _____
6. Over the past year, what other pertinent trainings have you taken to increase your knowledge and skills as a Certified RSM Practitioner? _____

7. What are your goals as a Certified RSM Journey Practitioner? _____

8. What is your current religious affiliation (i.e., the church you currently attend)? _____

9. Who have you looked to for spiritual input and guidance? _____

10. What impact has your RSM sessions made for you personally, so far? _____

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 are true, accurate, and complete and that I have made no misrepresentations regarding them. I understand and acknowledge that my responses to these questions 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.

(Your signature here)

(Date)

(Print your name)

Today's Date: _____

(Your Signature)