

RSM Academy Journey Application

First Time Trainee

Print Your Name: _____

Phone number: _____

Email Address: _____

Gender at Birth (check one): Female, Male

Current Occupation: _____

Criteria to attend:

1. You have received at least 10 **RSM Journey** sessions: ____ Yes; ____ No
 - a. What is your RSM Journey "location"? _____
 - b. Circle the Global Cores that apply to your RSM Journey so far:
Attachment Trauma Spiritual Abuse Self-Identity
 - c. Please provide name of the RSM Practitioner you've been working with: _____

2. You have watched the RSM Trauma Webinar? ____ Yes; ____ No
 - a. If you haven't, please do so to prepare for training
3. When did you attend RSM Academy's Protocol Training? _____
4. Do you plan to continue to utilize RSM for your own healing? ____ Yes; ____ No
5. I will commit to adhere to RSM's professional and ethical standards? ____ Yes; ____ No

Please answer the following:

1. So far, what healing have you experienced from doing the RSM Journey™? _____

2. Are you're interested in becoming a Certified RSM Journey Practitioner and if so, why?

I fully understand that Retracing Sequence Method™ is based on and firmly adheres to the traditional Judeo-Christian Bible perspective and does not accept the false teachings and activities of occult and cult religions. Therefore, I understand and fully 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 or a cult religion.

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.

(Print your name)

Today's Date: _____

(Your Signature)