RSM Protocol Academy

First Timer & Refresher Application Form

Print Your First and Last Name: _____

Phone number: _____

Mailing Address: _____

Email Address: _____

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

1. What is your current occupation; please include any higher education degrees, titles, or certifications you've earned. _____
   _____
   _____
   _____
2. What is your current religious affiliation? _____
   _____
3. Requirements to take the Protocol Academy:
   a. You have taken **RSM with Excellence** _____Yes; _____ No
   b. You have watched **RSM's online Attachment Webinar** _____Yes; _____ No
      i. https://www.rsmsoulspiritbody.com/webinars
   c. You have had at least 12 RSM Journey sessions prior to submitting this application.
      i. What is your current RSM Journey **location** (ask your certified RSM Practitioner)? _____
      ii. If you have not completed the above requirements, please do so prior to submitting this application.
4. The ***name and phone*** number of your RSM Practitioner: _____
   _____
5. Do you currently see "clients" utilizing another type of mental health or *inner healing* approach? ___ Yes; ___ No
   a. If yes, what approach(s) do you utilize? _____
      _____
6. Why do you want to become a Certified Retracing Sequence Method Practitioner? ___
   _____
   _____
   _____

7. What is your timeframe to become a Certified RSM 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 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) Today's Date

_____

(Print your name)

If your application is accepted to attend the RSM Protocol Academy, you will be notified within five business days of receiving this application.