

RSM Academy Protocol Application

Refresher Trainee

Print Your Name: _____

Phone number: _____

Email Address: _____

Current Occupation: _____

Please answer the following:

1. You've previously attended RSM Academy's Protocol Training? ___ Yes; ___ No
2. Have you received more than the initial two sessions? ___ Yes; ___ No
 - a. If so, how many? _____
3. Have you provided RSM sessions to anyone since the Academy? ___ Yes; ___ No
 - a. If so, how many? _____
4. When did you last watch RSM's Attachment Webinar? _____
5. When are you planning to become certified? _____
 - a. What steps do you still need to accomplish for that goal to be achieved? _____

6. What would you like to do once you are a Certified RSM Practitioner? _____

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

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

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

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.

(Your signature here) _____ (Date)

(Print your name) _____ Today's Date: _____

(Your Signature)

Once your application has been received, you will be contacted via email