Relive Specialist Training Application

Name of Applicant: _____

Current profession(s): _____

Email you use for Retracing Sequence Method: _____

Your educational background, degrees, any official trauma training, and/or certifications: _____

_____

Date of the last RSM Academy training you attended, including date and location:

_____

Have you attended a RSM Relive Specialist training previously? __ Yes __ No
If yes, when and where? _____

Criteria To Apply:

1. You are a Certified Practitioner in good standing? __ Yes __ No
    a. What is your "location" on the RSM Journey: _____
2. You have a traditional Judeo-Christian biblical perspective? __ Yes __ No
3. You desire to help others heal unresolved trauma? __ Yes __ No
4. You agree to learn and adhere to RSM's Relive Protocol? __ Yes __ No
5. You are currently a member of AACC? __ Yes __ No
    a. If yes, write the year you became an AACC member: _____
    b. Being an AACC member is a requirement to attend the RSM Relive Specialist Training, because this membership provides you with a recognized credential. Therefore, if you aren't currently a member, please register to become an AACC member.
6. You have taken a trauma course from a reputable mental health organization within the past two years? __ Yes __ No
    a. Write the name of the organization, course title, and date finished:
    _____
    b. Write a one-page report on the trauma information you learned from the trauma course. Email it along with your application.

Please answer the following:

Why do you want to become a RSM Relive Specialist: _____

_____

_____
_____
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_____

Verification: My signature below indicates I hereby affirm that my responses to the foregoing questions are 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 Relive Specialist Training – any incomplete, false, or misleading responses to the foregoing will render you ineligible to proceed with being a Certification RSM Relive Specialist and result in revocation of your credentials as a Certified RSM Practitioner.

I further understand and acknowledge Rashelle Wilson, M.A., CMHC, Trauma Specialist, and founder of Retracing Sequence Method™ retains sole and absolute discretion whether I am accepted to attend this training.

Today's Date: _____

Your Signature: _____

RSM Email:_____

Mailing Address: _____

Phone Number: _____

Please email this application to the Rashelle Wilson, RSM Founder at rashellewilson@soulspiritbody.com

You will receive a response within five business days of your application being received.