

RCM DID Training Program Application Level I

I would like to attend the following Internship(s): Audit only Certification
 Unit 1: Preliminary Issues Unit 2: Primary Identity Approach Unit 3: Prenatal Healing I
Application deadline for new attendees: February 14

See dates, eligibility and prerequisites for each Unit in the RDT Program Booklet or RCM website.

I would like to apply for financial assistance.

Name _____

Address _____

E-mail _____

Phone _____

For how many years have you been a Christian? _____

What church do you attend?: _____

Have you or your immediate family ever been a Mason? _____

If so, have you done the Freemasonry renunciation? _____

Name of ministry or therapeutic practice: _____

If you do not minister to DID clients within a specified ministry or therapeutic practice, please describe the context and extent that you minister to them.

For how many years have you worked with trauma survivors/DID clients? _____

How many DID clients have you ministered to if less than 5? Check here if more than 5

I am a licensed therapist/counselor/social worker.

I am a prayer minister.

I am also a survivor. *(This will be kept confidential.)* Check all that apply:

Trauma survivor Survivor with dissociation/DID Survivor of ritual abuse

I am currently receiving ministry I am now integrated

Survivors who are in active ministry to other survivors will be considered but need to be stable and responsible for their own well-being.

I am interested in learning more about RCM's approach to ministering to DID survivors because...

See eligibility and prerequisites for each Unit in the RDT Program Booklet or RCM website.

Continued ...

Please list the names and email addresses for two colleagues or other non-family references whom we can contact to verify your ministry experience as well as provide a general character, spiritual, and personal maturity assessment. This information will be kept confidential within relevant RCM staff.

Name _____ Email _____

Name _____ Email _____

I understand and agree that the RCM staff reserves the right to refund the registration fee and to block the participation of any person who is perceived to be unable to cope with the material presented and/or whose presence is perceived to be disruptive or a threat to others in attendance.

Signature _____ Date _____

Tentative acceptance will be made within 2 weeks of receiving application and completed references, pending completion of prerequisites.

Options for payment will be given with notice of acceptance.

Registration Fees

UNIT 1

Audit only: \$175 minus \$50 prerequisite rebate = \$125

Certification: \$225 minus \$50 prerequisite rebate = \$175

*Previous Attendees of Basic Week of Tom Hawkins Memorial
Internship or Week 1 or Unit 1 of RDT Program:*

Audit only: \$50

Certification: \$100

UNIT 2

Audit only: \$300 minus \$75 prerequisite rebate = \$225

Certification: \$350 minus \$100 prerequisite rebate = \$250

*Previous Attendees of Basic Week of Tom Hawkins Memorial
Internship or Week 1 or Unit 2 of RDT Program:*

Audit only: \$150

Certification: \$200

UNIT 3

Audit only: \$225 minus \$25 prerequisite rebate = \$200

Certification: \$275 minus \$25 prerequisite rebate = \$250

*Previous Attendees of Basic Week of Tom Hawkins' Memorial
Internship or Week 2 or Unit 3 of RDT Program:*

Audit only: \$100

Certification: \$135

Retaking of certification exam: \$15

Retaking of practicum: \$30

**20% off for married couples or
ministry colleagues coming as a group of 2 or more.**

Please print and mail to: Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
or FAX to 540-249-9716
or scan and e-mail to rcmoffice@rcm-usa.org.
(Please note that information sent by e-mail is less secure.)