

RCM DID Training Program Application

Level II

I would like to attend the following Internship(s): Audit only Certification
Registration Deadline: July 24

- | | |
|---|--|
| <input type="checkbox"/> Unit 4: The Human Dynamics of Ritual Abuse | <input type="checkbox"/> Unit 7: The Kingdom of Darkness |
| <input type="checkbox"/> Unit 5: The Control Dynamics of Ritual Abuse | <input type="checkbox"/> Unit 8: Renunciation Writing |
| <input type="checkbox"/> Unit 6: The Spiritual Dynamics of Ritual Abuse | <input type="checkbox"/> Unit 9: Prenatal Healing II |

Units 4-6 must be taken together in the same year.

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

Name _____

E-mail _____ Phone _____

Name of ministry or therapeutic practice: _____

If you do not minister to ritual abuse 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 RA clients? _____

How many RA survivors 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.

Please list the names and email addresses for two non-family members who can verify your ritual abuse ministry experience.

Name _____ E-mail _____

Name _____ E-mail _____

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.

Continued ...

Registration Fees

(See RDT program booklet for decreased registration deadlines and discounted prices for repeat attendees.)

Application for Financial Aid Available upon Acceptance

UNIT 4

Payment Deadline: August 31

Audit: \$205 minus \$75 prerequisite rebate = \$130

Certification: \$255 minus \$90 prerequisite rebate = \$165

UNIT 7

Payment Deadline: October 9

Audit: \$270

Certification: \$320 minus \$15 prerequisite rebate = \$305

UNIT 5

Payment Deadline: September 9

Audit: \$210

Certification: \$260

UNIT 8

Payment Deadline: October 23

Audit: \$240

Certification: \$290

UNIT 6

Payment Deadline: September 23

Audit: \$365 minus \$30 prerequisite rebate = \$335

Certification: \$415 minus \$45 prerequisite rebate = \$370

UNIT 9

Payment Deadline: November 4

Audit: \$235 minus \$10 prerequisite rebate = \$225

Certification: \$285 minus \$15 prerequisite rebate = \$270

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 return your completed form to the Office Manager:

- Email: rcmoffice@rcm-usa.org
- Fax: 540-249-9716
- Mail: RCM, PO Box 479, Grottoes, VA 24441-0479

(Please note that information sent by e-mail is less secure.)