RCM RECORDED Online
Advanced Survivors' School of Healing
Part B: Ritual Abuse Dynamics
February 8-27, 2027

Registration deadline is February 1
in order to allow time for receipt and completion of prerequisite materials.

Purpose:

Part B provides education and direction for understanding and pursuing freedom from the human, spiritual, and control dynamics of ritual abuse.

School Instructor:
Diane Hawkins, President of Restoration in Christ Ministries

Logistics:

The recorded school will be available 24/7 from February 8-27, allowing you the freedom to watch the recorded segments on your own schedule. The total time is approximately 23 hours and will consist of devotions, teaching sessions, demonstration videos, and Q & A times.

A live, 2-hour, Q & A webinar with Diane will be available on Saturday, February 13, and Saturday, February 27, at noon Eastern Time to give you an opportunity to ask questions.

You will receive:

- A link for each segment of the school and a password for access
- A separate link for the live Q & A webinars with Diane, which will be sent on February 11.

For our liability concerns and the commitment we have made to the survivors whose live ministry sessions are shown, we request that you do not share the links that you will receive with any person other than your designated support partner.

Who May Attend:

The school is open to all ritual abuse survivors who meet the qualifications specified on page 3 and are on our current mailing list or are recommended by someone who is. Everyone must have a support person attend with them unless authorization is obtained otherwise. Counselors and prayer ministers are welcome to attend on their own for their own learning purposes.

Prerequisites:

Survivors:

- Attendance at any prior **Basic Survivors' School of Healing**
- *Spiritual Warfare I* Webinar
- *Ancestral Bondages* Webinar
- *Overview of Ritual Abuse Healing* Webinar

(Webinar recordings available for purchase on our website)

Counselors and Prayer Ministers:

All counselors and prayer ministers, including interns, attending alone or serving as support people must attend or view the above webinars plus have attended one of the following in order to get the most benefit from the school:

- Online **Basic Survivors' School of Healing**
- Week 1 (previously) or Unit 2 (currently) of our **RCM DID Training Program**
- Week 1 of **Tom Hawkins Memorial Internship Program**
- **Online Primary Identity Approach Training** (Primary Identity Approach webinars 1, 2, & 3)

Cost:

- Survivors—$125
- Spouse, friend, or RDT Level II intern grad as support person—no charge (limit: One free support person)
- Counselors/prayer ministers serving as support persons—$75
- Repeat Part B attendees—Free (Just email rcmoffice@rcm-usa.org)
- RDT Level II grads— Free (Just email rcmoffice@rcm-usa.org)
- Counselors/prayer ministers attending alone—$150

Prerequisites:

- *Spiritual Warfare I* Webinar $10 for survivors $20 for counselors/prayer ministers
- *Ancestral Bondages* Webinar $15 for survivors $30 for counselors/prayer ministers
- *Overview of Ritual Abuse Healing* Webinar $15 for survivors $30 for counselors/prayer ministers

Financial assistance available. Mark appropriate place on application.

Note: Survivors and their counselor/prayer minister may share the prerequisite resources rather than pay separately for them if they are able to watch the webinars together on the same device.

RCM is a Christian ministry dedicated to supporting people with Dissociative Identity Disorder (DID) from a ritual abuse or non-ritual abuse background. Our teachings and materials are based on our own personal research and experience working with those affected by DID and ritual abuse. We do not guarantee any specific results or success, and you use them at your own risk.

Qualifications for Survivors

1. Survivors must have received ministry for ritual abuse for at least 6 months. This requirement is because of the depth of the material presented, which goes far beyond an introductory level. This is why we also require the prerequisite webinars.
2. In order to try to insure your ability to handle the material presented, survivors must obtain their therapist/prayer minister's agreement to their attendance and an assessment of their need for a support person to be present with them or on call to be able to handle any possible reaction difficulties the survivor may experience during the school. Survivors without a therapist or prayer minister must obtain this from an approved third party.

   The requirement is not only to assure your well-being in response to the potentially triggering material presented but also to provide a safeguard against those who might try to attend for a wrong motive.

   Even if you are approved to attend without a support person, we urge you to reach out for help if you find yourself reacting in any negative or overwhelming way to the material presented.
3. Survivors must recognize that a relationship with God will be stressed in this school and must be able to handle this.

We regret that these criteria may prevent some survivors from attending the school.

If you have any questions about qualifications,
contact us at rcmoffice@rcm-usa.org.

RCM Online Advanced Survivors' School of Healing—Part B

February 8-27, 2027

Survivor Registration Form

Name of survivor: _____

Address: _____

E-mail address: _____ Phone: _____

If not on the RCM mailing list, I am recommended by: _____

Please **INITIAL** (do not check) your agreement with each of the following statements that apply and sign below:

____ I have considered the attendance requirements for Part B of the RCM Advanced Survivors' School of Healing and feel that I am able to meet them.

____ I affirm that I have received ministry for ritual abuse for at least 6 months. (Contact RCM for any variations.)

____ I will not allow any unregistered persons to view these recordings or the live Q & A webinars for this or any subsequent time that I view the school.

____ I will not record any portion of this school or the Q & A webinars in any format for this or any subsequent time that I view the school.

____ I will keep all identifying information from the ministry videos I watch confidential for this or any subsequent time that I view the school.

____ I understand and agree that RCM reserves the right at their discretion to refund the registration fee and restrict from further participation any person who gives indication of being unable to cope with the material presented or of not attending for the purpose of therapeutic learning.

____ I acknowledge that I am viewing this school by my own will and that RCM has not promised any guaranteed results from it. I take full responsibility for my attendance and any reactions that I have to the material presented. I hereby release RCM and Diane Hawkins of all liability for any reactions I have or results obtained.

When logging in to the Zoom Q & A Webinars, I will use the following name/designation for myself:

_____

We need to know this so that we can verify that you are registered and allow you to enter the Zoom meeting.

Survivor Signature: _____ Date_____

I desire to register and pay for:

____ **Part B: First-time Attendee**	$125
____ *Spiritual Warfare I* Webinar (prerequisite)	$10
____ *Ancestral Bondages* Webinar (prerequisite)	$15
____ *Overview of Ritual Abuse Healing* Webinar (prerequisite)	$15

____ I will share the resources that my counselor/prayer minister purchases.

_____ Total amount due

____ I would like to apply for financial assistance to pay for part of this amount.

Method of Payment: ____ Phone (540-249-1027) ____ Enclosed check ____ Website

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.)

Survivor Authorization Form

(Please Note: This form must accompany your registration form.)

Survivor Name: _____

Please give this page to the person who will approve your suitability to attend this school and have him or her **INITIAL** (do not check) each of the following statements that apply and sign below:

_____ I know this person and affirm that he/she will attend this school with good motivation and is ready to handle advanced ritual abuse material.

_____ I believe this survivor should have a support person attend **Part B** of the school with him/her.

_____ I believe this survivor should have a support person "on call" during **Part B** of the school.

_____ I believe this survivor will be able to handle the material presented on **ritual abuse** without having a support person present for **Part B** of the school.

For survivors who are currently in treatment:

Therapist/Prayer Minister Printed Name: _____

Email: _____

Signature: _____ Date _____

For survivors who are not currently in treatment:

If you do not have a therapist or prayer minister to approve your attendance and assess your needed support level, please give this form to someone else who knows you well enough to provide this information. RCM will determine if the person you choose is acceptable. Please use a family member only as a last resort.

Printed name: _____ Email: _____

Signature: _____ Date _____

Please describe your relationship to this person:

_____

Please **print**, **sign**, and **mail** all pages to:
Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
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RCM Online Advanced Survivors' School of Healing—Part B
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Support Partner Registration Form

Printed Name:_____

Address (if different from survivor): _____

E-mail address: _____ Phone: _____

Name of person you will be supporting: _____

If I am a counselor/prayer minister, I have attended:

_____ Online **Basic Survivors' School of Healing**
_____ Week 1 (previously) or Unit 2 (currently) of our **RCM DID Training Program**
_____ Week 1 of **Tom Hawkins Memorial Internship Program**
_____ **Online Primary Identity Approach Training** (Primary Identity Approach webinars 1, 2, & 3)

Qualifications

1. Must be familiar with DID and ritual abuse and have had some experience in working with a DID person when they switch, are triggered, or have a demonic manifestation
2. Must be comfortable in offering appropriate support to the person, who might feel a range of emotions in response to the teachings, including frustration, sadness, despair, overwhelm, anger, anxiety, or agitation
3. Must be able to attend all sessions with the person and make sure he/she is in a stable condition before leaving him/her
4. Must be fully available during all sessions if designated as an "on call" support person.

If you have any questions about qualifications,
contact us at rcmoffice@rcm-usa.org.

Please **INITIAL** (do not check) your agreement with the following and sign below:

____ I affirm that I meet the above qualifications.
____ I agree not to record any portion of this school or the Q & A webinars in any format for this or any subsequent time that I view the school.
____ I will keep all identifying information from the ministry videos I watch confidential for this or any subsequent time that I view the school.
____ I will not allow any unregistered persons to view these recordings or the live Q & A webinars for this or any subsequent time that I view the school.

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_____

We need to know this so that we can verify that you are registered and allow you to enter the Zoom meeting.

Support Person Signature: _____ Date _____

I desire to register and to pay for the following:

____ Counselor/prayer minister in a support role	$75
____ Spouse, friend, or RDT Level II intern grad in a support role	$0
I need to purchase the following prerequisites:	
____ *Spiritual Warfare I* Webinar	$20
____ *Ancestral Bondages* Webinar	$30
____ *Overview of Ritual Abuse Healing* Webinar	$30

____ I will share the resources that my survivor purchases.

_____ Total amount due

____ I would like to apply for financial assistance in paying for some of this.

Method of Payment: ____ Phone (540-249-1027) ____ Enclosed check ____ Website

If you have any questions about registration or payment, contact Joy at rcmoffice@rcm-usa.org or 540-249-1027.

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Counselor/Prayer Minister Attending Alone Registration Form

Name: _____

Address: _____

E-mail address: _____ Phone: _____

Please check: I am a licensed counselor. _____ I am a prayer minister. _____

I am an RDT Level II grad. _____

I have attended:

_____ Online **Basic Survivors' School of Healing**
_____ Week 1 (previously) or Unit 2 (currently) of our **RCM DID Training Program**
_____ Week 1 of **Tom Hawkins Memorial Internship Program**
_____ **Online Primary Identity Approach Training** (Primary Identity Approach webinars 1, 2, & 3)

Please **INITIAL** (not check) your agreement with the following and sign below:

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We need to know this so that we can verify that you are registered and allow you to enter the Zoom meeting.

I desire to register and to pay for:

____ **Part B: First-time Attendee**	$150
____ RDT Level II intern grad	$0
I need to purchase the following prerequisites:	
____ *Spiritual Warfare I* Webinar	$20
____ *Ancestral Bondages* Webinar	$30
____ *Overview of Ritual Abuse Healing* Webinar	$30
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