

RCM Certified DID Training Program Application

I would like to attend the following Internship(s):

- | | |
|---|---|
| <input type="checkbox"/> (Week 1) March 27-31, 2017 | <input type="checkbox"/> (Week 2) April 3-7, 2017 |
| <input type="checkbox"/> (Week 1) July 31 - Aug 4, 2017 | <input type="checkbox"/> (Week 2) August 7-11, 2017 |
| <input type="checkbox"/> (Week 3) October 9-13, 2017 | <input type="checkbox"/> (Week 4) October 16-20, 2017 |

See eligibility and prerequisites for each week on the RCM website.

Name _____

Address _____

E-mail _____

Phone _____

Name of ministry or therapeutic practice: _____

I have worked with DID clients for ____ years.

I have worked with ritual abuse clients for ____ years.

I have been a Christian for ____ years.

I am a member of/attend this church: _____

I am a licensed therapist/counselor/social worker.

I am a prayer minister.

I am also a survivor. (This will be kept confidential.)

Survivors in ministry will be responsible for their own well-being.

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

Please list the names and email addresses for your pastor or Bible study/small group leader and one other reference who can verify your character and suitability for this course.

Name _____ Email _____

Name _____ Email _____

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.

This application is a fillable form. Please complete the form and save to a directory on your computer. Then attach your completed application to an email and send to Bruce at rcmoffice@rcm-usa.org or print out and mail to:

RCM, PO Box 479, Grottoes, VA 24441-0479