

# RCM DID Training Program Application

I would like to attend the following 2019 Internship(s): Audit only  Certification   
 (Week 1) March 18-22  (Week 2) March 25-29  (Week 3) Sept 16-20  (Week 4) Sept 23-27  
See eligibility and prerequisites for each week on the RCM website.

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 DID clients? \_\_\_\_\_

For how many years have you worked with RA clients? \_\_\_\_\_

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

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 actively involved in an established ministry to other survivors will be considered but need to be stable and responsible for their own well-being.*

*Continued ...*

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 non-family reference who can verify your ministry experience.

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

I understand and agree that the RCM staff reserves the right to refund the registration fee and to ask any person to leave 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 \_\_\_\_\_

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**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.**

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](mailto:rcmoffice@rcm-usa.org).