



**BIODYNAMIC
CRANIOSACRAL
THERAPY
ASSOCIATION
OF NORTH AMERICA**

Approved Teachers:

Approved Teachers shall have met all the qualifying requirements, as currently defined by the BCTA/NA Board, and shall have applied & been approved by the BCTA/NA Teacher Review Committee. An Approved Teacher shall be entitled to one (1) vote in any election or other matter requiring a membership vote, receive a printed copy of our Cranial Wave publication (if the member so elects), and is eligible to receive a discount on conference registration.

Please return this completed form to:

BCTA/NA
11006 Connally Lane
Raleigh, NC 27614
239-206-6078

BCTA@adminetcetera.com

Please allow 2-4 weeks for processing

**BCTA/NA
Approved Teacher
Annual Renewal Form**

Annual Renewal Forms, Self-Awareness/Self-Care Records, & Foundation Training Information are due each year by May 31st

Contact Information to be used by organization:

FIRST NAME* Mi LAST NAME*

ADDRESS*

CITY* STATE/PROVINCE* ZIP/POSTAL CODE*

BUSINESS NAME

PHONE NUMBER

EMAIL*

**Denotes required information to be processed*

Annual Renewal Fee is \$225 USD

Payment Information:

Renewal Fee: \$ _____

Money Order/Check# _____ (Make checks payable to BCTA/NA, US Checks only, please)

Credit Card: Visa MasterCard

CREDIT CARD NUMBER

CREDIT CARD EXPIRATION DATE THREE DIGIT CODE

PRINT NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE (By signing you authorize the above amount to be charged on this credit card)

Please answer and complete all the questions below:

I authorize BCTA/NA to provide all communication for official organizational business to me via email (I authorize paperless communication).

Yes No

Please select your preference for receiving your copy of The Cranial Wave.

Paper Copy mailed to you Electronic Copy emailed to you

Information for Practitioner Referral on BCTA/NA Website *(Please print clearly):*

NAME* (AS YOU WOULD LIKE IT TO APPEAR ON THE WEBSITE)

ADDITIONAL CREDENTIALS TO BE LISTED IN ADDITION TO RCST® (UP TO 2 MORE)

CITY*

STATE/PROVINCE*

ZIP/POSTAL CODE*

BUSINESS PHONE

EMAIL

WEBSITE

**Denotes required information to be listed on website. Other information is optional.*

Standards of Practice and Code of Ethics:

I hereby agree and undertake to follow the Standards of Practitioner Competencies and the Code of Ethics of BCTA/NA in the practice of the Biodynamic model of Craniosacral Therapy. I understand the RCST® is the registered trademark of BCTA/NA members-in-good-standing who have been granted RCST® status. The registered trademark symbol ® must always be used with the RCST® designation. Additionally, I agree to refer to the work as Biodynamic Craniosacral Therapy.

SIGNATURE (REQUIRED)

BCTA/NA Guidelines for Education

As part of the renewal process, each applicant is expected to sign a letter of agreement to comply with the BCTA/NA guidelines for education in establishing his/her own training program. These guidelines are as follows:

1. Certification training consists of 700 hours, divided as follows:
 - Classroom instruction: 350 hours
 - Sessions performed on practice clients outside of class. Practice clients are non fee-paying clients; one session equals one hour of work: 150 hours
 - Sessions received from a registered craniosacral therapist: 10 hours. Students may receive their sessions from any RCST®. It is recommended that students receive sessions from at least three different practitioners. When receiving sessions from the teaching team, the session provider will acknowledge the dual relationship.
 - Independent project such as a research paper or equivalent demonstration of learning: 40 hours
 - Required independent study (reading, drawing, etc): 150 hours
2. Foundation Class pre-requisites and student-to-teacher staff ratio
 - There must be an Approved Teacher in the classroom at all times for graduates to be eligible to apply for RCST®. membership
 - Each training is limited to a maximum of 30 students. This requirement ensures not only safety, but also the quality of the learning experience for each of the students
 - The required student-to-teaching staff ratio is 5 to 1
 - To be considered a viable training that qualifies for teaching assistant certification or Teacher Trainee certification, a training must have no less than 6 students
3. Requirement for Teaching Assistants: Teaching assistants must have graduated from a foundation training of an approved teacher of the BCTA/NA and be an RCST®.
4. Requirement for Teachers: Teachers are to receive supervision as needed. Their basic requirement is the same as all RCST®'s.
5. It is required there be a minimum of two years and a maximum of four years for each foundation training for a minimum of 350 classroom hours
6. A student is encouraged to stay with the training they started. This guideline supports the psychological safety and trust of the entire group. When a student needs to switch to a different training because of individual reasons, this must be done in a fashion that supports both the students in the training and the individual being integrated.
7. All courses shall be organized and taught in accordance with the Standards for Practitioner Competencies and the Code of Ethics of the BCTA/NA.

I have reviewed and agree to follow the Guidelines for Education and to follow all local guidelines and restrictions in the location of our classes.

SIGNATURE (REQUIRED)

DATE

RCST[®] Self-Awareness/Self-Care Record

JUNE 1, _____ - MAY 31, _____

Your Name: *(please print)* _____ **RCST #** _____ *(Found on your certificate)*

The BCTA/NA values self-awareness and self-care in relationship to professional therapeutic practices. Yearly, the records of, but not limited to, four (4) sessions are required and must meet at least one (1) of the Intentions listed below. In addition to meeting one of the Intentions, each session can be satisfied by one of the Session Options listed below.

Self-Awareness/ Self-Care Intentions:

- To Support and strengthen the practitioner in developing a presence that is clear, loving, and compassionate.
- To Enhance the self-awareness of personal issues that may interfere with holding the field with a client.
- To Create a safe environment for personal reflection and professional inquiry.
- To Support the practitioner with his/her personal process of inquiry.
- To Strengthen the professional’s ability to generate a holding field that creates a healing opportunity for the client.

Self-Awareness/Self-Care Session Options:

- One (1) hour of Individual consultation with an individual skilled in shadow and reflection work.
- One day (7 hours) of continuing education that meets one (1) intention listed above.
- Three (3) hours of group discussion (no more than 6 participants) with an individual skilled in shadow and reflection work.

Record of Self-Awareness/ Self-Care Sessions *(Please include type of session, location, and date)*

1. _____

2. _____

3. _____

4. _____

If necessary, please continue on the back side or an additional sheet of paper.

Member Signature

Date

Foundation Training Information

JUNE 1, _____ - MAY 31, _____

If you are not currently teaching a Foundation training, please enter NA below on locations of training #1 line.

Location of Training #1: _____ Number of Students: _____

Please list any Co-teachers: _____

Module #2 Date (day/month/year format, please): _____, so that the Board can support you with Student Membership information at that time (If Module #2 is already completed, please enter 'completed')

Training Completion Date (day/month/year format, please): _____

Number of RCST® Teaching Assistants: _____ Number of Teacher Trainees: _____

Location of Training #2: _____ Number of Students: _____

Please list any Co-teachers: _____

Module #2 Date (day/month/year format, please): _____, so that the Board can support you with Student Membership information at that time (If Module #2 is already completed, please enter 'completed')

Training Completion Date (day/month/year format, please): _____

Number of RCST® Teaching Assistants: _____ Number of Teacher Trainees: _____

Location of Training #3: _____ Number of Students: _____

Please list any Co-teachers: _____

Module #2 Date (day/month/year format, please): _____, so that the Board can support you with Student Membership information at that time (If Module #2 is already completed, please enter 'completed')

Training Completion Date (day/month/year format, please): _____

Number of RCST® Teaching Assistants: _____ Number of Teacher Trainees: _____

Location of Training #4: _____ Number of Students: _____

Please list any Co-teachers: _____

Module #2 Date (day/month/year format, please): _____, so that the Board can support you with Student Membership information at that time (If Module #2 is already completed, please enter 'completed')

Training Completion Date (day/month/year format, please): _____

Number of RCST® Teaching Assistants: _____ Number of Teacher Trainees: _____

Location of Training #5: _____ Number of Students: _____

Please list any Co-teachers: _____

Module #2 Date (day/month/year format, please): _____, so that the Board can support you with Student Membership information at that time (If Module #2 is already completed, please enter 'completed')

Training Completion Date (day/month/year format, please): _____

Number of RCST® Teaching Assistants: _____ Number of Teacher Trainees: _____

If you are teaching more than 5 Foundation Trainings, please attach a separate sheet of paper with the same Training details. Thank you!