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## 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

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## 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\*

Please note that the designation, "On Sabbatical" will replace your contact information.

***\*Denotes required information to be listed on website.***

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## 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.

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**SIGNATURE (REQUIRED)**

# RCST<sup>®</sup> 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