



Freedom Lodge, Inc.

809 South Street, Suite 207

Rapid City, SD 57701

605-791-0787

freedomlodge@icloud.com

www.freedomlodge.org

**Healing for Seven
Generations**

NATIVE-WISE™

**Historical Trauma Recovery Specialist
Registration Form**

Today's Date _____ Training Location _____

Name _____

Address _____

Phone Work/Home _____ Cell _____

Email / Website _____

Birthdate _____ Age _____ Marital Status _____

Occupation _____ Employer _____

Emergency Contact _____

Education _____

Degrees/Professional Background _____

Professional License # / State _____

Tribal Affiliation _____ Tribal Enrollment Number _____

How did you hear about this training?

___ Flyer ___ Radio ___ Conference ___ Colleague ___ Publication ___ Other

Any special needs? _____

Do you have any grievances, complaints or legal actions pending or upheld against you?

___ No ___ Yes (If yes, attach details and outcome)

Please attach the following typed documents when submitting this application:

1. A current Curriculum Vitae or Resume.
2. A one-page Personal Biography.
3. A statement of your interests and goals for the Historic Trauma Recovery Specialist training.
4. Three (3) Personal References.
5. Overall Personal Health Synopsis.

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Applicants accepted into the Historical Trauma Recovery Specialist training program must complete all four parts of the training program in succession. Emergency situations will be taken into consideration. In addition, you must agree to the following provisions:

- 1) This program is designed to supplement your profession, not to create one. All graduates must comply with their local and / or state regulations regarding licensure of body workers, psychotherapists, counselors, etc.
- 2) Student must provide Freedom Lodge with copies of educational certifications or degrees.
- 3) Student must be willing to abide by professional ethics and standards of care that display integrity in their actions and respect the boundaries of those they serve.
- 4) Students must accept full responsibility for their well-being, participation in, and creation of, this program.
- 5) Full attendance is required. In emergency circumstances, class make-up may be offered.
- 6) We will provide a certificate of completion at the end of the training program.

By signing below, I agree to all above provisions and apply for the Historical Trauma Recovery Specialist Training 100 Hour Certificate Program.

Name _____ Date _____

NOTES: