



**Radiance Seminars, Inc.**  
**P. O. Box 47772**  
**St. Petersburg, FL 33743**  
**Email: RSISeminars@gmail.com**

**APPLICATION**

**The Third Degree of The Radiance Technique®**  
**The Radiant Third Degree**

**The Radiance Technique®      Authentic Reiki®      Real Reiki®**

*Please note: submitting this form does not guarantee you a place in a seminar. The information on this form is kept confidential. It must be filled out in full and **in English only**. Please return by mail or email to the address above.*

**The following must be received to complete your application:**

- 1. A current photograph of you**
- 2. A letter of recommendation from your Instructor (sent to the above address)**

**REMEMBER TO SIGN THE APPLICATION ON PAGE 2**

*PLEASE PRINT CLEARLY*

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Month/Day/Year)

Email \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

About your study of The Radiance Technique®:

The First Degree: Date Completed \_\_\_\_\_ Instructor \_\_\_\_\_

The Second Degree: Date Completed \_\_\_\_\_ Instructor \_\_\_\_\_

Background Information:

List any other techniques you have studied:

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Have you ever consulted a psychologist? Yes \_\_\_\_\_ No \_\_\_\_\_ Psychiatrist? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain the kind of relationship you had in counseling and whether you are currently using this therapy. Include any medications you have taken, the purpose of the medication, and whether you are currently taking the medication.

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*(Attach additional page as needed)*

**Your Use of The Radiance Technique®:**

*(Attach additional page[s] as needed)*

In what ways do you use TRT® Hands-on in your daily life?

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In what ways do you use The Second Degree on a daily basis?

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What is your purpose in studying The Radiant Third Degree?

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**I understand that the seminar for The Radiant Third Degree is in no way connected to The Official Teacher Training Program of The Radiance Technique®, Authentic Reiki®.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I hereby give permission for the experiences I have written to be used by TRTIA as experiential data in publications and for placement in TRTIA's permanent experiential data files. I understand my full name will not be used without my explicit permission.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date