

Professional Colon Hydrotherapy Training Course Registration Form

Applicant Information		
Name (print)	DOB	Date
Address		
City	State	Zip
Email		
Phone number		H C W (circle one)
Level of education completed		
Most recent CPR training (include copy of card with registration form)		

Questions – Part 1:

Please answer the following questions related to the course for which you are applying

- What course are you applying to enter?
 - Professional Colon Hydrotherapy Training Course (new student)
 - Expanding to Professional Colon Hydrotherapy Training Course – please check current level of I-FACT certification
 - Foundation Intermediate Advanced Instructor

Are you currently NBCHT *credentialed*? (post 2008) yes no

 - Advanced Level Instructor Level
 - Do you have any additional professional training for which you have received credit and/or licensure? yes no
 - Do you have official evidence of this which might be applied to your training requirements? yes no
- If yes, please provide a separate list of the areas that may be applicable and the corresponding evidence of completion.*

Questions – Part 2:

(please use the back of this page if you need additional space)

Please answer the following questions related to learning styles so we have a better idea of how to best serve you as you train for a career in colon hydrotherapy.

- How do you best absorb information? reading listening experience
- Does writing notes immediately make it easier to remember ideas? yes no
- Do you consider yourself to be a patient person? yes no

Questions – Part 4:

Please answer the following questions about training. Please write clearly.

1. Are you interested in additional training beyond the Professional Colon Hydrotherapy Training Course? yes no
If so, to what level(s)? Advanced level Instructor level
2. Are you interested in training in other holistic modalities? If so, which ones?
3. Upon completion of this course, how do you intend to utilize your skills for the practice of colon hydrotherapy?
 an employee of a center a business owner/practitioner unsure
4. How did you hear about Inner Spa Colon Hydrotherapy Instructional Center?

Additional information you would like us to know.

Professional Colon Hydrotherapy Training Course Payment Form #1 of 2

Applicant's name (print) _____ Date _____

PCHTC Course Tuition: \$5,000 payable in full prior to start of the course
Expanding to PCHTC Course Tuition: \$2,500 payable in full prior to start of course
Advanced & Instructor Level Tuition: please call

Course application: PCHTC (new student) Expanding PCHTC (current I-ACT certification)
 Advanced Level Instructor Level

Payment Options: please print clearly

Check or money order payable to Inner Spa Amount enclosed \$ _____
(minimum due with application one half of tuition; balance due prior to course start date)

Credit Card Visa MasterCard AMEX

Cardholder's name _____
Cardholder's address _____
City _____ State _____ Zip _____
Card number _____ Exp Date _____ CWV _____
Cardholder signature _____ Date _____

Transfer Policy: 1. An applicant who makes a request to transfer at least 30 days in advance of the first day of class will be permitted to transfer to another Inner Spa Colon Hydrotherapy Instructional Center course within the ensuing 12 months and will receive full credit for all payments made by him/her less a \$250 administrative fee. 2. An applicant who makes a request to transfer between 7 and 29 days in advance of the first day of class will be permitted to transfer to another Inner Spa CHIC course within the following 12 months and will receive full credit for all payments made by him/her less a \$500 administrative fee. 3. No transfer requests or refunds will be granted less than 7 days in advance of the first day of class.

Cancellation/Refund Policy: 1. An applicant who cancels at least 30 days in advance of the first day of class will receive a full refund less a \$250 administrative fee. In the alternative, the applicant may request a transfer pursuant to the Transfer Policy stated above. 2. An applicant who cancels between 7 and 29 days in advance of the first day of class will receive a refund of any amount he/she has paid over and above one half of the course tuition. In the alternative, the applicant may request a transfer pursuant to the Transfer Policy stated above. 3. An applicant who cancels with less than 7 days notice will receive no refund and is not eligible for transfer.

By submitting this form, I understand and agree to the following: 1) I understand that all online training modules will be complete at my own pace. 2) I must complete required modules before entering in-person training and all modules must be completed before final testing for certification. 3) all training will be done on a closed colon hydrotherapy system. 4) I have read and fully understand the Cancellation/Refund Policy. 5) Inner Spa Colon Hydrotherapy Instructional Center has my permission to perform a background check on me. 6) If I am taking any prescription medications, my doctor agrees in writing for me to participate in colon hydrotherapy sessions. and 7) I understand that entrance to and dismissal from this program may be based on objective and subjective criteria.

Applicant's signature _____ Date _____
Driver's license number or other state authorized ID: State _____ # _____

Professional Colon Hydrotherapy Training Course Payment Form #2 of 2

Applicant's name (print) _____ Date _____

PCHTC I-ACT Administrative Fee: \$900 payable in full prior to registration for Cengage online courses; once this registration is set up, this fee is non-refundable.
Expanding PCHTC I-ACT, Advanced & Instructor Administrative Fee: \$600-\$900 depending on current I-ACT & NBCHT membership status payable in full prior to registration for Cengage online courses; once this registration is set up; this fee is non-refundable.

I-ACT administrative fee includes: I-ACT membership for one (1) year; I-ACT certification; NBCHT membership for one (1) year; NBCHT exam fee; Cengage online learning access, including separate certifications in nutrition, business and small business marketing. For currently I-ACT certified therapists, the exact fee will be quoted at the time of application.

Course application: PCHTC (new student) Expanding PCHTC (current I-ACT certification)
 Advanced Level Instructor Level

Payment Options: please print clearly

Check or money order payable to I-ACT Amount enclosed \$ _____
 Credit Card Visa MasterCard AMEX
Cardholder's name _____
Cardholder's address _____
City _____ State _____ Zip _____
Card number _____ Exp Date _____ CW _____
Cardholder signature _____ Date _____

Cancellation/Refund Policy: An applicant who wishes to cancel prior to the Cengage registration being set up will receive a full refund less a \$50 administrative fee. In the alternative, the applicant may request a suspension of the paid fee for up to 12 months. I-ACT will hold all monies on account for the applicant and apply them accordingly at the time the applicant resumes training with a certified I-ACT instructor. Once the Cengage registration is set up, no refund will be issued.

By submitting this form, I understand and agree to the following: 1) I understand that all I-ACT administrative fees related to my entering into the Professional Colon Hydrotherapy Training Course will be applied accordingly to: one year of I-ACT membership; I-ACT certification; one year of NBCHT membership which will begin upon successful completion of the NBCHT exam; the NBCHT exam fee; and Cengage online access including three separate certifications, one each in nutrition, business and small business marketing. 2) I understand that the I-ACT administrative fee is separate from the course tuition fees. 3) I understand these administrative fees apply only to my participation in the Professional Colon Hydrotherapy Training Course in which I have enrolled. 4) I understand the cancellation/refund policy as stated above.

Applicant's signature _____ Date _____