

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 IACT certification
 - Foundation Intermediate Advanced

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

 - Professional Colon Hydrotherapy Training Course for licensed medical professionals
 - 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/transcripts.*

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 3: (please use a separate sheet of paper if you need additional space)

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

1. Please give a brief history and background of yourself.
2. Any health problems that would interfere with you becoming a colon hydrotherapist? (i.e. hep-C, allergies, inability to stand for a long period of time)
3. What have you done/are you doing to work on the mind/body/spirit connection for yourself?
4. What is your vision for yourself?
5. Why are you interested in becoming a *professional colon hydrotherapist*?
6. How many colon hydrotherapy sessions have you had? Over what period of time? On what type of system(s)?
7. If you are currently practicing colon hydrotherapy, can you show evidence of having completed at least 100 client sessions in the past 12 months? 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.

PCHTC – Tuition Payment Form

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
PCHTC for Licensed Medical Professionals Course Tuition: \$5,000, payable in full prior to start of course
Advanced & Instructor Level Tuition: please call

Course application: PCHTC (new student) Expanding PCHTC (current HACT certification)
 PCHTC for Licensed Medical Professionals Advanced Level Instructor Level

Payment Options: please print clearly

Check or money order payable to Inner Spa Amount enclosed \$ _____
(min. ½ tuition due with application; bal. due prior to course start date; 4% processing fee added to CC chrgs.)
 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 Instruction Center course within the ensuing 12 months and will receive full credit for all payments made by him/her less a \$500 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 \$500 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 _____ # _____

INTERNATIONAL ASSOCIATION FOR COLON HYDROTHERAPY APPLICATION for the Professional Colon Hydrotherapy Training Course

(- Please Print only -)

The Professional Colon Hydrotherapy Training Course includes the following on-line Modules:

Colon Hydrotherapy History/Theory/Practice	30
Anatomy & Physiology	60
Microbiology	25
Intestinal Health – Function vs. Dysfunction	14
Nutrition	16 (receive a Certificate in Food, Nutrition, and Health)
Drug Interactions	10
Business Ethics/Office Procedures	40 (receive a Certificate in Starting Your Own Business in Health and Healing) and (receive a Certificate in Small Business Marketing on a Shoestring)
Complementary Modalities	5

The Professional Colon Hydrotherapy Training Course includes the following in-house Modules:

Office Procedures	5
Health & Sanitation	5
Anatomy & Physiology of the Alimentary Tract	5
Practicum	50

I-ACT Administration Fees for Professional Colon Hydrotherapy Training = \$1000.00 (non-refundable) (this includes fees for I-ACT Membership; all registration fees for the Cengage on-line courses and Ed 2 Go certification fees; NBCHT Membership and NBCHT Testing fees)

The Instructor/School fees are separate, check with your instructor for their training fees.

Enclosed is my payment of \$_____ by Check Mastercard Visa Discover AMEX

Signature _____ Today's Date _____

Cardholder's Name _____

Credit Card # _____ Credit Card (3 or 4 digit code) _____

Expiration Date _____ CC Zip Code _____

Name to appear on Membership Certificate: _____

Mailing Address _____

City/Province _____ State/Region _____ Zip/Postal Code _____ Country _____

Home / Cell Phone () _____ Email _____

Name of Business _____

Business Address _____

City/Province _____ State/Region _____ Zip/Postal Code _____ Country _____

Business Phone () _____ Fax Number () _____

Please tell us about yourself:

Membership in Other Organizations _____

Skills, Hobbies & Interests _____

Have you ever been convicted of a felony or other misdemeanor, please describe: _____

If you are a colon hydrotherapist, please answer the following questions:

When did you begin working as a colon hydrotherapist? _____

How many clients per week do you currently see? _____ What type of equipment do you use? _____

I-ACT Policy Statements

I-ACT requires the use of currently registered FDA equipment and only disposable speculums, rectal tubes, or rectal nozzles. However, should the Therapist use reusable speculums, these speculums should, at a minimum, be autoclaved for sanitation and cleanliness (30 minutes). Additionally, the autoclave unit must be tested and inspected by competent authority at least four times per year- maintain documentation. (Under NO conditions should a disposable speculum or rectal tube be reused). Individuals that use reusable speculums and/or are not using FDA registered devices will be removed from I-ACT membership on 12/31/2018.

I-ACT recognizes the FDA classifies equipment used to instill water into the colon through a nozzle inserted into the rectum to evacuate the contents of the colon into three distinct classes; Class I (Enema Kits), Class II and Class III are (Colon Irrigation Systems). Follow the guidelines of your manufacturer, as approved by the FDA for the type of equipment (devices) you are using. Make no claims as to the use of your device other than those approved by the FDA.

I-ACT recognizes there are two distinct types of colon irrigation systems; open and closed systems. However, it is I-ACT policy that the colon hydrotherapist / technician is always in attendance / or is immediately available to the client throughout the session. The degree of assistance is to be in compliance with the instructions of the manufacturer of the equipment as registered with the FDA, and/or as directed by a physician.

The I-ACT policy on insertion is to require the client to insert the rectal tube or speculum; or, follow the instruction of the referring physician; the guidelines of the manufacturer as approved by the FDA; or the directives from the authority of your city, county, state, or country ordinances.

I-ACT recommends that you do not put the initials (CT) for colon hydrotherapist after your name, write it out in full. According to most state laws, putting initials after your name is not allowed unless you are licensed or have a degree from an accredited professional school.

Advertising copy which states or implies that colon hydrotherapy can treat any disease, promise cure for any disease, or that makes unsubstantiated medical claims SHALL NOT be used.

I acknowledge the I-ACT policies and agree to comply with all I-ACT policies. I understand that failure to comply with the policies listed above may result in my removal from the association.

Signature of Applicant *** required for all applications***

Date of Application

STOP!!! All applications to I-ACT MUST include a photograph for our file... by signing this application, the applicant certifies that they have read the statements below, and will comply with the information contained in them.

Information for all new members outside of Texas:

“Colon irrigation devices are prescription devices and their purchase must be authorized by a practitioner licensed by state law to use such devices in that state. A colon hydrotherapist must be supervised by such a practitioner to use a colon irrigation device and must have a written order on file for each procedure from a practitioner licensed by state law in the state where the procedure is to be performed.”

Information for all new members inside of Texas:

“Colon irrigation devices are prescription devices and their purchase must be authorized by a physician licensed by the Texas Board of Medical Examiners. A colon hydrotherapist must be supervised by such a physician to use a colon irrigation device and must have a written order on file for each procedure from a physician licensed by the Texas Board of Medical Examiners.”

Signature of Applicant *** required for all applications***

Date of Application

All applications to I-ACT require a sponsor. The sponsor must be a Full Member in good standing of I-ACT. No Sponsor? Write in I-ACT Home office or call us (210) 366-2888 for assistance.

Signature of Sponsor / Instructor *** required for all applications***

Sponsor's / Instructor's I-ACT Membership #

Thank you. Your application will be reviewed for membership and you will be notified promptly.

Return this form with your current resume, picture, and payment to:

I-ACT, P.O. Box P.O. Box 5907, Goodyear, AZ 85538-9998