

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.

I-ACT Professional CHT Training – 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: \$3,000 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: PCHTC (new student) Expanding PCHTC (current I-ACT 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 30 days prior to course start date; 4% processing fee added to CC chrgs.)
 Credit Card Visa MasterCard AMEX Discover
Cardholder's name _____
Cardholder's address _____
City _____ State _____ Zip _____
Card number _____ Exp Date _____ CW _____
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 (PCHTC)

*** PLEASE PRINT ONLY ***

Please Note: The Professional Colon Hydrotherapy Training Course is to be used by I-ACT certified instructors/schools to train individuals for the profession. This application includes the various ways an individual may enter the profession, including skills & previous experience and different country locations. I-ACT encourages individuals to check with your instructor which administrative fees are applicable to your situation before completing and submitting this application. The PCHTC program includes both online learning modules and in-person training requirements which must be successfully completed before final certification testing can be administered; see the applicable syllabus for details. ABSOLUTELY NO certification is complete with a successful passing grade on the final exam for certification.

I-ACT Administrative Fee: Please check only the option that fits your situation for entering training.

- I-ACT Administrative Fees for PCHTC training = \$1,000.00 (non-refundable).** This fee is applicable to those entering the profession as well as those who are currently practicing. This amount includes: 1-year I-ACT membership; all access fees for the Cengage online learning modules and Ed2Go certification fees; 1-year NBCHT membership; and NBCHT testing fees.
- I-ACT Administrative Fees for International PCHTC training = \$900.00 (non-refundable).** This fee is only applicable to international members who meet the criteria and are approved by the I-ACT office; see syllabus for details. This amount includes: 1-year I-ACT membership; all access fees for the Cengage online learning modules and Ed2Go certification fees; and certification testing fees.
- I-ACT Administrative Fees for Foundation to PCHTC training = \$600.00 (non-refundable).** This fee is applicable to those who are currently I-ACT certified wishing to up their current certification. This amount includes: all access fees for the Cengage online learning modules and Ed2Go certification fees; 1-year NBCHT membership; and NBCHT testing fees.
- The Instructor/School fees are separate, check with your instructor for training fees.**

Payment enclosed for \$ _____ by Check MasterCard Visa Discover AMEX

Credit Card Information:

Cardholder's Name _____ CC Zip/PC _____
Credit Card # _____ Exp Date _____ CVV _____
Signature _____ Today's Date _____

Membership Information:

Name to appear on membership certificate: _____
Mailing Address _____
City/Province _____ State/Region _____
Zip/Postal Code _____ Country _____
Phone _____ C H Text Messages (cell only) Yes No
Email (for all communications) _____

Business Information:

Business Name _____
Business Address _____
City/Province _____ State/Region _____
Zip/Postal Code _____ Country _____
Business Phone _____ Fax Number _____

About You:

Membership in other organizations _____

Skills, hobbies & interests _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please describe. _____

Are you currently working as a colon hydrotherapist? Yes No Start Date _____

Number of clients seen per week _____ Type of equipment used _____

I-ACT Policy Statements

Please read carefully and initial your understanding of each statement.

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 effective 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.

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."

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. I further understand that by signing this application, my signature below indicates I have read these statements and will comply with all information contained herein.

Applicant Signature *** Required ***

Date

All applications to I-ACT require a sponsor who is a Full Member in good standing. No Sponsor? Write in I-ACT office or call (210) 366-2888 for assistance.

Sponsor Signature/Instructor *** Required ***

Sponsor/Instructor Membership #

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

Return this form with your current resume, picture, and payment to: I-ACT, PO Box 461285, San Antonio, TX 78246-1285 | 210.366.2888