

I-ACT Professional Colon Hydrotherapy Training

Applicant Information						
Name			DOB		Date	
Address						
City			State		Zip	
Email						
Phone number			Cell		Home	Work
Level of education completed <i>(Include copy of diploma)</i>						
Most recent CPR training <i>(include copy of card with registration form)</i>						

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-ACT certification; working therapists must provide proof of 100 client sessions within the past 12 months*

Foundation Intermediate Advanced 100 sessions (provable)

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 hands-on
- 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
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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/working therapist)
 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 COMPLETE ELECTRONICALLY 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 = \$1,100.00 (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 = \$750.00 (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:

Legal Name (as on driver's license) _____
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 #

This form must be completed and returned to your instructor for submission to and review by the I-ACT office. You will be notified promptly of next steps. Thank you!

Return this form with your current resume, picture, and payment to your I-ACT certified instructor.