

# Professional Colon Hydrotherapy 265 Hour Training

First Name (print as it will app	Last Name	
Address	City	Postal Code
Phone Number	Email	
Courses dates (Ongoing)		
<ul> <li>Online 200 hours program In</li> <li>Colon Hydrotherapy History</li> <li>Anatomy and Physiology – 2</li> <li>Microbiology – 25 hours</li> <li>Intestinal Health – function v</li> <li>Nutrition – 16 hours</li> <li>Drug Interaction – 10 hours</li> <li>Business Ethics/Office Proc</li> <li>Complementary Modalities –</li> </ul>	/Theory and Practice – 30 hours 25 hours vs Dysfunction – 14 hours cedures – 40 hours	
<ul> <li>IN Person 65 hours program</li> <li>Office procedures – 5 hours</li> <li>Health and Sanitation – 5 hours</li> <li>Anatomy &amp; Physiology of th</li> <li>Practicum – 50 hours</li> </ul>	s ours	
<ul> <li>Price for training</li> <li>Online 200 Hours</li> <li>Online I-act \Cengage Acaaccess, not refundable)</li> <li>person 65 hours practicum</li> </ul>	ccess – \$1000 US *(\$1000 US app \$2000 CA + \$1995 CA +GST	lication fee/ Engage
<ul> <li>Total certifications upon cor</li> <li>Professional Colon Hydroth</li> <li>I-Act 1 year Membership Ce</li> <li>National Board 1 year Membership</li> <li>A&amp;P Certification</li> </ul>	erapist ertification	

- Nutrition Certification
- 2 Business Certifications (basic Business startup and marketing

## PERSONAL INFORMATION REQUIRED

- □ I have a High School certificate (please include certification )
- □ I have a CPR certification (most include copy of certificate)
- □ I received 3 colonics
- □ I-ACT application
- □ NBCHT Membership Application

## **Employment History:**

**Prior Education:** 

Health Experience (personal and/or professional)

## Please describe reason for wanting to become a Professional Colon Hydrotherapist

Tuition includes C.I.T lesson and hands on training manual, supplies, materials or any other goods related to the instruction offered in this agreement. This does not include suggested reading materials or elective books. Students that missed classes during the allowed period of training, **will be charged for each make up day**. The training includes giving and receiving 35 sessions during during class hours.

## **Course Fees:**

TOTAL FEE \$3995 +GST + \$1000 USA (to I-ACT). \$2000+GST+\$1000 USA REQUIRED FOR ONLINE ACCESS. REMAINING \$1,995.00+GST FOR IN PERSON TRAINING IS DUE 4 WEEKS BEFORE FIRST DAY OF CLASS.

#### AGREEMENT

#### This is a binding agreement (the "Agreement") between

(print your first and last name) \_\_\_\_\_\_ (the "Student") and the Colon Hydrotherapy training and Sofia Reis (the "Instructor") effective on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_ for the 265-hour Professional Colon Hydrotherapy Training (the "Training").

### PROGRAM STRUCTURE

There are two components of the 265-hour Professional Colon Hydrotherapy Training with Sofia Reis

#### Part One

200 hours of online learning. The course modules are administered through I-ACT's Cengage learning platform. Student will be given approximately 3-6 months to complete this self-paced course of study. The study modules will include the following topics:

- Anatomy & Physiology
- Microbiology
- Intestinal Health
- Nutrition
- Drug Interactions
- Business Ethics/Office Procedures
- Complementary Modalities

#### Guidance

Throughout this online learning, Instructor will be monitoring Student progress. Support and guidance will be given to Student as they work through each individual module, via various means of communication.

#### Part Two

65 hours of in-person training with Instructor. This will take place live, in person in the presence of Instructor, over approximately a 7-10 day consecutive period. There is no possibility of distance or virtual learning for this part of the course.

This training will include the following topics:

- Anatomy and Physiology of the alimentary tract
- Health and Sanitation
- Office procedures
- Practicum including a minimum of 35 client sessions. Student will be

practicing client sessions on an FDA registered closed system and/or open system.

#### Equipment

Student will be receiving training on the closed system equipment: Aquanet EC-2000 or APS100 and Aquawing, from Prime Pacific Health Innovations.

#### **Attendance and Missed Training**

100% attendance is expected for the 65 hours of in-person training with Instructor. If Student misses more than two days of classroom training during the allocated period of in-person training, the Student will be charged a full amount for each make-up day. Practicum Practicum includes giving, receiving, and observing 35 sessions. Receiving additional sessions are at student price: \$80/session (after class hours).

#### CODE OF CONDUCT

Student will conduct themselves in a professional manner at all times during the Training including and not limited to: the in-person training sessions, the classroom sessions, and in the building where the training is to be held. This includes during the practicum portion of the training - 35 colon hydrotherapy sessions with clients. Based on the discretion of the Instructor, if any misconduct occurs, at any point the Student may be asked to leave or be dismissed from the training with no possibility of refund.

#### **TUITION AND PAYMENT SCHEDULE**

#### TUITION

The tuition fee is \$3998 CAD + GST and \$1000 USD (Non-refundable).

The tuition includes enrolment into the two parts of the 265-hour Professional Colon Hydrotherapy Training, as outlined in the section "Program Structure." Also included is the Colon Hydrotherapy Training and "Hands On" training manual, supplies, materials or any other goods related to the instruction offered in this Agreement. The tuition fee will include your membership to I-ACT and associated required fees due to I-ACT. This does not include suggested reading material or elective books.

#### **PAYMENT SCHEDULE**

Student agrees to the following payment schedule.

#### DUE WITH COMPLETED REGISTRATION AND ENROLMENT AGREEMENT:

1) \$2000 CAD + GST tuition deposit to hold your spot in the training.
a) Payable to Fort Langley Colonics by cheque, e-transfer, or credit card (paying with credit card incurs an additional 2% processing fee)

2) \$1000 US Non-refundable fee to I-ACT. This payment includes:

- a) I-ACT membership and Certificate of Course Completion
- b) Cengage online course and Ed2Go certification fees
- c) Certificates of Completion for the course modules
- d) NBCHT(National Board for ColonHydro Therapy)membership
- e) NBCHT exam fee and Credentialing Certificate upon passing the exam

Payable to I-ACT in US dollars only by credit card or US dollar cheque. Must fill out a additional I-ACT application forms with this payment (see forms attached below)

Printed Student first and last name

Today's Date

Instructor Signature	Teday's Date	Printed Instructor first and last name
	Today's Date PAYMENT INF	
I am paying the S		tuition deposit to hold my spot via:
E-transfer, to		erapytraining.ca
,	eque payable to: I-A( sa	efundable fee to I-ACT via: CT
to the start of the Cheque payal info@colonhy	e in-person training v ble to: Colon Hydrot <u>drotherapytraining.c</u> an additional 2% pr	herapy Training, to <u>a</u>
request.		T tuition fees only are available on ve will call you for processing.

Signature

Date

# CHECK LIST

Please make sure you are sending us/have completed the following items:

- □ Completed Registration form
- Copy of high school diploma, GED, or college/university degree or equivalent certificate (or have given us status on when this will be sent)
- Copy of current CPR card (or have given us status on when this will be sent)
- □ (if applicable) Copy of Anatomy & Physiology transcript
- Completed Enrolment Agreement signed and dated
- Completed Payment Information form signed and dated
- □ Completed I-ACT forms + 2 current passport photos of you
  - 2"x 21/2" or picture of your current driver's license

## Please mail ALL of your documentation to:

Colon Hydrotherapy Training Box 199 , Langley V1M 2R5

## 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 60				
Anatomy & Physiology Microbiology	25				
Intestinal Health – Function vs. Dysfunction	14				
Nutrition	<ul> <li>16 (receive a Certificate in Food, Nutrition, and Health)</li> <li>10</li> <li>40 (receive a Certificate in Starting Your Own Business in Health and Healing) and (receive a Certificate in Small Business Marketing on a Shoestring)</li> </ul>				
Drug Interactions Business Ethics/Office Procedures					
Complementary Modalities	5				
The Professional Colon Hydrotherapy Training Course inclu-	-	n-house Modules:			
Office Procedures Health & Sanitation	5 5				
Anatomy & Physiology of the Alimentary Tract	5				
Practicum	50				
□ I-ACT Administration Fees for P (non-refundable) (this includes fees for certification fees; NBCHT Membership and N	I-ACT Membersh	ip; all registration fees for the Cengage			
☐ The Instructor/School fees are se	parate, check	x with your instructor for the	ir training fees.		
Enclosed is my payment of \$	by 🗌 Cł	neck 🗌 Mastercard 🔲 Visa	Discover AMEX		
Signature	Today's Date				
Cardholder's Name					
Credit Card #			)		
Expiration Date CC Zip Cod	.e				
Name to appear on Membership Certificate:					
Mailing Address					
City/ProvinceSta	te/Region	Zip/Postal Code	Country		
Home / Cell Phone ( ) Emai	1				
Name of Business					
Business Address					
City/ProvinceSta			Country		
Business Phone ( ) Fax Num	nber ( )	_			
Please tell us about yourself:					
Membership in Other Organizations					
Skills, Hobbies & Interests					
Have you ever been convicted of a felony or o					
If you are a colon hydrotherapist, please an		8 <b>I</b>			
When did you begin working as a colon hydro	-				
How many clients per week do you currently s	see? Wh	at 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 <u>SHALL NOT</u> 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 <u>MUST</u> 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 461285, San Antonio, TX 78246-1285