

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.