



SCHOOL OF COLON HYDROTHERAPY

**I-ACT PROFESSIONAL CERTIFICATION - COMPLETION PROGRAM
233-HOUR COLON HYDROTHERAPY COURSE**

**Registration form
Enrollment Agreement
Payment form
I-ACT form**



~ **PLEASE FILL, SIGN, & EMAIL US THE FOLLOWING FORMS** ~

**REGISTRATION
FOR
I-ACT PROFESSIONAL CERTIFICATION - COMPLETION PROGRAM
233-HOUR COLON HYDROTHERAPY TRAINING**

GENERAL INFORMATION

Date _____

First and last name _____ Preferred pronouns _____

If no changes and IGS certified, please skip to page 3.

Address _____

City _____ Province/State _____

Postal code/Zip code _____ Country _____

Mailing address (if different from above) _____

Email _____

Phone # (mobile) _____ (home) _____

Date of birth (DOB) _____ Age _____

Social insurance number (SIN)/Social security number (SSN) _____

EMERGENCY CONTACT INFORMATION

Name/Relationship _____ Phone # _____

WORK EXPERIENCE

What is your current profession/line of work? _____

Please tell us of additional past work experience _____

Membership in professional organizations _____

CRIMINAL RECORD

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

If so, please describe _____

Does anyone have a lawsuit against you? _____

OTHER INFORMATION

Special skills, Interests, Hobbies _____

BECOMING A COLON HYDROTHERAPIST

Why do you want to become a colon hydrotherapist? _____

How did you hear about Inner Garden Health School of Colon Hydrotherapy?

EDUCATION

Name of High School _____

City, Province/State, Country of High School _____

Year of graduation _____

Name of College or University _____

Degree _____ Year of graduation _____

I-ACT REQUIREMENTS

Required Prerequisites

- 1) Do you have a copy of your high school diploma, GED, or college/university degree or equivalent certificate?
Yes ___ No ___ In process of obtaining copy ___ Date _____
- 2) Do you have a current CPR certification?
Yes ___ No ___ In process of training ___ Date of training _____
- 3) Have you done at least three (3) personal colon hydrotherapy treatments?
Please list location and dates _____

- 4) (Optional) Have you completed a college level Anatomy and Physiology course from a Province/State accredited college or university? (equivalent to 3 semester hours) **Please note* that a continuing education course does not count.
Completed: Yes ___ No ___
If yes, name of institution _____
Date of completion _____
Do you have a copy of your transcript?
Yes ___ No ___ In process of obtaining copy ___ Date _____
Or enrolled in course, projected completion date _____

**ENROLMENT AGREEMENT
FOR I-ACT PROFESSIONAL CERTIFICATION - COMPLETION PROGRAM
233-HOUR COLON HYDROTHERAPY TRAINING**

AGREEMENT

This is a binding agreement (the “Agreement”) between
(print your first and last name) _____ (the “Student”) and
the Inner Garden School of Colon Hydrotherapy and Sue Wilde (the “Instructor”)
effective on this day ____ of _____, 20____ for the I-ACT Professional
Certification - Completion Program, a 233-hour Colon Hydrotherapy Training (the
“Training”).

PROGRAM STRUCTURE

There are two components of the Training with Sue Wilde.

Part One

200 hours of online learning. The course modules are administered through the International Association of Colon Hydrotherapy's (I-ACT) 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

33 hours of in-person training with Instructor. This will take place live, in person in the presence of Instructor, over approximately an 4-5 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 19 client sessions. Student will be practicing client sessions on an FDA registered closed system

Equipment

Student will be receiving training on the closed system equipment: Aquanet 2000.

Attendance and Missed Training

100% attendance is expected for the 33 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 19 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 - 19 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 \$1,999 CAD + GST and \$1,100 USD (Non-refundable).

The tuition fee includes enrollment into the two parts of the IGS Professional Certification - Completion Program, as outlined in the section "Program Structure." Also included is the Inner Garden Lesson 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.

There are 2 payment requirements for the training:

DUE WITH COMPLETED REGISTRATION AND ENROLLMENT AGREEMENT:

- 1) **\$1,999 CAD + GST - Tuition fee** to hold your spot in the training.
 - a) Payable to Inner Garden Health by cheque, e-transfer, or credit card (paying with credit card incurs an additional 2% processing fee)
- 2) **\$1,100 USD - I-ACT fee Non-refundable** paid directly to I-ACT. (as of Jan. 2024)
 - a) Payable to I-ACT in US dollars only by credit card or USD bank draft.
Must fill out additional I-ACT application forms with this payment (see last pages)

This payment includes:

- a) I-ACT membership and Certificate of Course Completion
- b) Cengage online course and Ed 2 Go certification fees
- c) Certificates of Completion for the Cengage course modules
- d) NBCHT (National Board for Colon HydroTherapy) membership
- e) NBCHT exam fee and Credentialing Certificate upon passing the exam

OTHER FEES

ACCOMMODATIONS and TRAVEL

If Student is coming from out-of-town or out-of-country, they are solely responsible for the payment and arrangement of accommodations, travel and meals for the duration of the in-person training. If training is postponed or cancelled, any change or cancellation fees are also the sole responsibility of the Student.

SUGGESTED READING

At their own expense, Student may elect to order and purchase these optional reading materials:

- *The Definitive Guide to Colon Hydrotherapy*, by Dr. Stephen Holt
- *Fundamentals of Anatomy and Physiology*, by Dr. Donald C. Rizzo

CERTIFICATION

Upon successful completion of this course, Student will receive a "Certificate of Completion" from Inner Garden School of Colon hydrotherapy. The title student will receive is "Colon Hydrotherapist". I-ACT is not a part of Inner Garden School of Colon Hydrotherapy certification. For I-ACT certification, we will send the necessary information to I-ACT and once Student has successfully passed the NBCHT (National Board for Colon HydroTherapy) Exam, Student will receive the credential of "Professional Certified Colon Hydrotherapist" and will receive certificates from I-ACT stating as such. This credential applies internationally.

BUYER'S RIGHT TO CANCEL

Student has the right to withdraw from the Training at any time. Any notification of withdrawal or cancellation and any requests for a refund must be made in writing. Inner Garden School of Colon Hydrotherapy shall pay or credit refunds due within 30 days following the date upon which the student's withdrawal has been determined.

REFUND POLICY FOR TUITION FEES

Inner Garden School of Colon Hydrotherapy will, without penalty or obligation, refund 100 percent of the amount paid for institutional charges, **less a non-refundable deposit of five hundred dollars (\$500)** if written notice of cancellation is made anytime up until **1 month prior to the start of the in person training**.

If written notice is given any time **AFTER 1 month prior to the start of the in person training**, you may either:

1. Transfer your tuition fees paid to a future in person training. You have 1 year or up to 2 future in person trainings to apply your fees.
2. Or refund table is as follows:

REFUND TABLE 1 MONTH PRIOR TO IN PERSON TRAINING

What Students are entitled to when withdrawing or terminating	Refund
Within 1st week	75% refund less Non-refundable \$500
Within 2nd week	50% refundable Non-refundable \$500
Within 3rd week	25% refundable less Non-refundable \$500
Within 4th week	Non-refundable

REFUND TABLE ONCE IN PERSON TRAINING STARTS

What Students are entitled to when withdrawing or terminating	Refund
Within the first day	Full refund less Non-refundable \$500
Within Day 2 to 3	75% refund less Non-refundable \$500
Within Day 3 to 5	50% refundable Non-refundable \$500
Within Days 5-7	25% refundable less Non-refundable \$500
Within Days 8 and until the course is completed	Non-refundable

1. The Student may cancel this contract prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination.
3. If the school has given you any manuals, hardcopy or virtual, or other materials ("Equipment"), you shall return it to the school within 30 days following the date of notice of cancellation. If you fail to return this Equipment, the school may deduct its cost for the Equipment from any refund that may be due to you. ie. the cost for the manual is \$100.
4. Inner Garden may cancel or change this training at any time for any reason. We will give as much notice as possible.
5. If there is not enough enrollment for the in person training (minimum 4 people), all of your paid fees will be automatically transferred to the next in person training.
6. The Student will receive a full refund of tuition and fees paid if Inner Garden School of Colon Hydrotherapy discontinues the course.

PLEASE NOTE: The fee to I-ACT is NON-REFUNDABLE.

By signing below, I acknowledge that I have read and understood the terms of this Agreement. The Training schedule is subject to change. The Student will be notified with sufficient time to make necessary changes. Your space in the Training is saved once we receive your completed and signed forms and deposit. This Agreement is a legally binding instrument when signed by the Student and accepted by the school and Instructor.

Student Signature _____

Printed Student first and last name _____

Today's Date _____

Instructor Signature _____

Printed Instructor first and last name _____

Today's Date _____

PAYMENT INFORMATION

1) I am paying the **\$1,999 CAD + GST Tuition fee** to hold my spot via:

- ☐ Cheque payable to: Inner Garden Health
- ☐ E-transfer, to info@innergardenhealth.ca
- ☐ Credit card (+ an additional 2% processing fee)
 - ☐ Name on Card_____
 - ☐ Card #_____ Security code_____
 - ☐ Expiry date_____ CC Postal Code/Zip_____

2) I am paying the **\$1,100 USD I-ACT fee Non-refundable** via:

- ☐ Credit card (you may be charged an international exchange fee)
- ☐ USD bank draft payable to: I-ACT

Payment plan for \$1,999 CAD + GST tuition fee only are available on request.

Separate contract is required for payment plan.

SPECIAL SAVINGS OFFER: A DISCOUNT OF \$200.00 IS APPLICABLE WHEN TUITION IS PAID IN FULL 2 MONTHS BEFORE IN-PERSON TRAINING STARTS.

Signature

Date

CHECK LIST

Please make sure you have completed/collected 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)
- ☐ Copy of Anatomy & Physiology university or college level transcript (if applicable)
- ☐ Completed Enrollment Agreement - signed and dated
- ☐ Completed Payment Information form - signed and dated
- ☐ Completed I-ACT forms
- ☐ Any current photo of you in .jpeg or .png format
- ☐ Your current resume

Please email **ALL** of the above forms and documentation to:

info@innergardenhealth.ca