



SCHOOL OF COLON HYDROTHERAPY

**I-ACT PROFESSIONAL CERTIFICATION
265-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
265-HOUR COLON HYDROTHERAPY TRAINING**

GENERAL INFORMATION

Date _____

First and last name _____ Preferred pronouns _____

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
265-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, a 265-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

65 hours of in-person training with Instructor. This will take place live, in person in the presence of Instructor, over approximately an 8-10 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

Equipment

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

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 \$3,999 CAD + GST and \$1,100 USD (Non-refundable).

The tuition fee includes enrollment into the two parts of the IGS Professional Certification, 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 3 payment requirements for the training:

DUE WITH COMPLETED REGISTRATION AND ENROLLMENT AGREEMENT:

- 1) **\$1,999.50 CAD + GST - Tuition deposit** 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

DUE TWO (2) WEEKS PRIOR TO THE START OF THE IN-PERSON TRAINING.

- 1) **\$1,999.50 CAD + GST - Tuition balance** of the tuition
 - a) Payable to Inner Garden Health by cheque, e-transfer, or credit card (paying with credit card incurs an additional 2% processing fee)

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. I will receive a signed copy of this Enrollment Agreement.

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 **\$1,999.50 CAD + GST Tuition deposit** 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

3) I will be paying the **\$1,999.50 CAD + GST Tuition balance**, 2 weeks prior to the start of the in-person training via:

- ☐ Cheque payable to: Inner Garden Health
- ☐ E-transfer, to info@innergardenhealth.ca
- ☐ Credit card (+ an additional 2% processing fee)

Payment plans for \$3,999 CAD + GST tuition fees 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

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: PLEASE NOTE YOUR CC will be charged in USD - US dollars

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. Your sponsor will be Sue Wilde.

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.