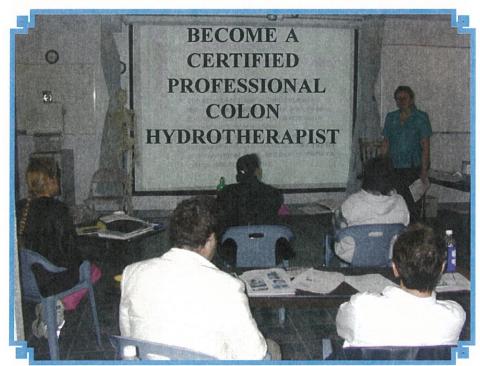
ENROLLMENT PACKET



JERI TILLER, TEACHING BUSINESS & ETHICS, MARKETING & LEGAL USE.

IN PERSON "HANDS - ON" TRAINING @ COLONIC NETWORK SCHOOL IN SAN ANTONIO, TEXAS

FIVE DAY IN PERSON - "HANDS - ON" COURSE

ENROLL MINIMUM 8 DAYS EARLY AND SAVE
- ELIGIBLE UP TO \$1,000.00 DISCOUNT OFF LIBBE DEVICE PURCHASE WHEN TRAINING COMPLETED AT LIBBE MANUFACTURER SCHOOL

OR

I-ACT PROFESSIONAL COLON HYDROTHERAPY TRAINING
TO BECOME NATIONALLY CERTIFIED COLON HYDROTHERAPIST
Some States Legislation Requires Certification See Pages 4 and 14.
WITH A \$1,000.00 DISCOUNT OFF LIBBE DEVICE PURCHASE.

PLUS \$500.00 PROFESSIONAL DISCOUNT (TOTAL \$1,500.00) WHEN TRAINING AT LIBBE MANUFACTURE SCHOOL and PURCHASE COMPLETED WITHIN 90 DAYS!

PAST MEDICAL EXPERIENCE IS NOT REQUIRED.

Course Enrollment - May, July, September 2022

2020 & 2021 have brought many challenging changes into our world rapidly. While we are all being encouraged to distance ourselves from one another, We are also being forced to realize just how really connected we all are. Surrounded by a global community of brothers and sisters who are experiencing this together, and who are each being asked to do their part. For many, it is not out of fear for ourselves, but out of respect and love for each other.

We will offer In Person Courses with smaller classes, follow social guidelines and although optional - Request <u>Students wear masks when assisting our clients.</u>
This common sense protects our students, clients and ourselves.
School Instructors / Staff have chosen to be vacinated and boostered.
During these times we are only accepting Twelve Students per class.

Let us remember that we have all descended from generations of people who have experienced times of hardship. Let's choose to act with respect, grace, wisdom, breathe, smile and pay attention.

As always. We appreciate the support of our many thousands of students, LIBBE owners & customers. We look forward to safely serving you now and into the future.

Please complete the Enrollment, scan an e-mail to hold your place in class. The prescription (RX) MUST be completed by your Doctor and bring with you.

Primary Instructors are: Jeri and Dr. Bill Tiller. In 1992 became founding Members of I-ACT. Bill was Vice President from 1992 to 1994 and then 1995 to 1999 as President of I-ACT. The NBCHT was formed in 2000 with Bill as the First President serving through 2005. The Tillers are a dedicated, passionate couple. Note: A small dog that is <u>Jeri's Service Animal</u> is with her at the office every day.

Questions: (210) 308-8888 with reduced hours \sim Office Open Weekdays - 9:00 to 4:00 Central time zone,

- Sales & Training; info@colonic.net
- Plumbing & Troubleshooting; tomt3rd@colonic.net









FDA REQUIRES USER/THERAPIST COMPLETE TRAINING

Comprehensive and very Intensive Course In Beautiful SAN ANTONIO, TEXAS USA Train With LIBBE Manufacturer Team of Specialists and I-ACT Dedicated Instructors!

HANDS ON COURSE

For beginners that want to explore a new profession,
Colon Therapists who want to learn new Technology
or fine tune skills & review Legal & Legislative updates,
for Physicians that want to know LIBBE Device Operation &
Maintenance or those purchasing for personal home use!

5 Days - \$1,500.00 Enroll Early!

TRAINING DISCOUNT

May 9 - 13, 2022

OFF EACH NEW LIBBE DEVICE PURCHASE! July 18 - 22, 2022

September 12 - 16, 2022

Please Return Enrollment Pages to hold place in class!

Early Enrollment provides time to review Pre-Study Materials!

Enroll Late (8 Days Prior to Class) Add Late Fee of \$300.00

COURSE starts Monday 12:00 PM. and goes thru Friday Noon

Includes: 2 Personal Colonics, 2 Evenings Vegetable Soup & Three Lunches.

Class teaches and qualifies current and future

Colon HydroTherapists on how to Legally

Operate and Safely Maintain a FDA Medical Device!

contra-indications / side effects, health & sanitation, business & ethics,

safe advertising-marketing, physician interaction hands-on internship with real clients.

room set-up / installation / plumbing / safety, approved supplies & maintenance requirements, safe use of disinfectants & disposables, trouble shooting / terminology & mechanics

Hospital Grade Disinfectant used for cleaning.
(COURSE DOES NOT INCLUDE RECOMMENDED I-ACT MEMBERSHIP of \$150.00,
OR THE MAL-PRACTICE INSURANCE OF \$189.00 PER YEAR.)

Page 3. Three

PROFESSIONAL CERTIFICATION

Cengage 200 Hour Online Learning Modules

	rapy History/Theory/Practice (30 hours)		
Section W01.1			
	Standard Operating Procedures, Regulations, etc.		
Section W01.3	Colon Hydrotherapy Practices		
Section W01.4			
	Equipment Protocols and Equipment Distinctions		
Module W02 - Anatomy & Phys			
Section W02.1			
Section W02.2			
Section W02.3			
Section W02.4	. Cellular Metabolism and Reproduction: Mitosis and		
	Meiosis Tissues The Integumentary System PROFESSIONAL CLASS INCLUDES A PROFESSIONAL CLASS INCLUDES A		
Section W02.5	. The Integumentary System . The Skeletal System REVIEW OF THE DIGESTIVE SYSTEM.		
Section W02.7	. The Skeletal System REVIEW OF THE POSSIBLE The Articular System PLEASE IF POSSIBLE		
Section W02.8	The Articular System The Muscular System The Nervous System (part a) The Nervous System (part b) The Nervous System (part b)		
Section W02.9	. The Muscular System		
Section W02.10	The Nervous System (part a)		
Section W02.11	The Nervous System (part a) The Nervous System (part b) The Endocrine System COMPLETE ALL THE MODULES.		
Section W02.12	.The Endocrine System COMPLETE ALL		
Section W02.13	.The Blood		
Section W02.14	.The Cardiovascular Circulatory System		
Section W02.15	.The Lymphatic Circulatory System		
Section W02.16	NUTRITION AND DIGESTIVE SYSTEM		
Section W02.17	.The Respiratory System		
Section W02.18	.The Urinary System		
Section W02.19	.The Reproductive System		
Module W03 – Microbiology (25			
Section W03.1	.The Background of Microbiology		
Section W03.2			
Section W03.3	Protecting Patients and Ourselves		
	Introduction to Microbiology		
	.The Science of Microbiology		
Section W03.6			
Section W03.7			
	The Diseases of the Gastrointestinal and		
	Genitourinary Systems		
Section W03.9	Health, Hygiene and Sanitation		
Section W03.10	Microbiology for Surgical Technologies		
	FUNCTION VS. DYSFUNCTION - 14 HOURS		
Section W04.1	HEALTHY DIGESTIVE SYSTEM		
Section W04.2	IMPAIRED DIGESTIVE SYSTEM		
Section W04.3	DIGESTIVE DISFUNCTION		
Module W05 – Nutrition (16 hou			
	Nutrition (with separate certification in Food, Nutrition		
Section 7705.1	and Health)		
Modulo W06 Drug Interaction			
Module W06 – Drug Interaction			
Section W06.1			
Module W07 – Business Ethics			
	Start Your Own Business in Health & Healing		
	Small Business Marketing on a Shoestring		
Section W07.3			
Section W07.4			
	Management/Operations (1 hour)		
wodule wus – Complementary	Modalities (5 hours) Two Year CPR CERTIFICATION		

STUDENTS COMING FOR THE FULL PROFESSIONAL COLON HYDROTHERAPY COURSE Strongly recommend YOU at least complete the OnLine Module W02 Nutrition and Digestive System and Module W04 Healthy Digestive prior to arriving in Person.

- HANDS ON AGENDA -

NOTE: Coffee, Teas, Water, Fruits provided
Yes, you may bring your own meals - snacks - drinks
YES, YOU MAY ARRIVE EARLY - EAT Before or Bring Lunch!

Do NOT be Late! (Required Hours of Attendance are Documented.)

Day 1 — MONDAY - Arrive By / Before 12:00 PM

IMPORTANCE OF I-ACT MEMBERSHIP AND/OR PROFESSIONAL CERTIFICATION

- 1:00 PM MODULE 101: OFFICE PROCEDURES / SCHOOL POLICIES

 TOUR OF CENTER, INTRODUCTIONS, OATH OF COMMITTMENT

 Collect Required Prescriptions, copies of High School/GED, Licenses,

 Degrees and make copies of Drivers License / Passports or other
- 2:00 PM MODULE 102 DEVICE AND ROOM PREPARATION
 BEGIN LEARNING TERMINOLOGY OF THE FDA MEDICAL DEVICE "THE LIBBE"!

LEARN IMPORTANCE AND USE THE "LIBBE QUICK REFERENCE GUIDE" INTAKE FORM, POST SESSION PROCEDURES, INDICATIONS/CONTRAINDICATIONS

MODULE 104 - PRACTICUM

STUDENTS GIVE AND GET SESSIONS

(DOCUMENT AS PART OF REQUIRED 35 SESSIONS)

HOME MADE VEGETABLE SOUP PROVIDED AFTER SESSIONS.

This is a Late Evening!

In Person Hands - On Course "Includes 50 Hours of I-ACT Requirement"



AGENDA (Agenda Subject to change based on needs of Students)

Day 2 ----- TUESDAY - Starts @ 8:00 AM

- Module 101 Office Procedures / Business & Ethics / Marketing
 Regulations / Safe Advertising / Physician Interaction / Legal Supplies
 Importance of Mal-practice insurance - only available as I-ACT Member.

HOW TO:

Become a Member of I-ACT

Purchase of LIBBE Device(s), Approved Supplies and Training Discounts.

TRAINING DISCOUNTS / SHIPPING REQUIREMENTS

12:30 LUNCH - PROVIDED IN CLASS or Bring your own Those with special diets - bring your own Lunch

- Module 102: Sanitation

Understand the need to maintain facility cleanliness, including:

- a. what it means to be clean and presentable prior to opening for the day.
- b. how to maintain facility cleanliness and sanitation throughout the day.
- c. how to ensure facility is clean prior to departing at end of day.
- d. how to properly dispose of waste materials to OSHA standards.

REVIEW / USE "QUICK REFERENCE GUIDE"

MODULE 104 - PRACTICUM

STUDENTS GIVE AND GET SESSIONS

(DOCUMENT AS PART OF REQUIRED SESSIONS)

HOME MADE VEGETABLE SOUP PROVIDED AFTER SESSIONS..

This is a Late Evening!

Page 6. SIX

CONTINUE HOURS FOR IN PERSON COURSE



Day 3———WEDNESDAY - Starts @ 8:00 AM

Module 104 Operate / Clean / Maintain FDA Colonic Devices
 <u>Plumbing / Installation / Problem Solving / Maintenance</u>

 How to properly maintain the device according to the FDA and manufacturer guidelines. Document and complete / keep <u>Maintenance Log</u> current!
 Log should document; Filter Replacement, UV Bulb Replacement, any repairs.

12:30 LUNCH - PROVIDED IN CLASS or Bring your own.

Medical Device Reporting (MDR) By Misty (Attorney/Quality Control)

3:30 MODULE WO8: CPR MEANS CARDIO PULMONARY RESUSCITATION PROVIDES TWO YEAR CERTIFICATION - AMERICAN HEART ASSOCIATION - (\$100.00 VALUE)

Day 4———THURSDAY - Starts @ 8:00 AM

Complete Individual Photos (Head Shots)

UNDERSTAND THE HISTORY, THE PURPOSE AND VALUE OF COLON HYDROTHERAPY

Module 101- Continued: Understanding Requirement and need for RX Importance and Legal use of the Intake Form,

Post Session: How client feels after session - possible side effects.

Module 102 - Device and Room Preparation, Sanitation Disinfectant Have Students Practice how to Repair / Troubleshoot Devices

12:30 LUNCH - PROVIDED IN CLASS or Bring your own

Module 104 PREPARE FOR INTERNSHIP

Sessions with Real Clients 2:00 PM. 3:30 PM. 5:00 PM.

CONTINUE HOURS FOR IN PERSON COURSE

Day 5———— FRIDAY - Starts @ 8:00 AM LIBBE Device Components Quiz

MODULE 104 INTERNSHIP Group Two - Second Sessions
9:30 AM. 11:00 AM
Collect Internship Lists, other forms

Students not staying for the

Professional Course

Class is officially over at Noon.

Plan Airline Departure after 2:00 pm.

so you have time to arrive Airport

and get through Security

CONGRATULATIONS! "Certificate of LIBBE Device Training"
Students not Staying for the Professional course will be leaving.



CONTINUE HOURS FOR STUDENTS COMPLETING PROFESSIONAL COURSE



LUNCH - Pre Order for Delivery @ 12:00 Or Bring your own.

Day 5 — FRIDAY 1:30 PM (Usually over by 6:00 PM) MODULE 103 REVIEW

ANATOMY & PHYSIOLOGY of the Alimentary Tract Normally Called DIGESTIVE System
NEW FUN WAY OF LEARNING - KNOWN AS: MIND MAPPING



DR. BILL & STUDENTS

9:00 AM. 10:15 AM PART OF THE REQUIRED SESSIONS Collect Internship Lists, other forms

Final Questions Today's class should be over around Noon

CONGRATULATIONS!

HOME 2 SUITES BY HILTON SAN ANTONIO AIRPORT, TEXAS

94 NE INTERSTATE 410 LOOP, SAN ANTONIO, TX 78216 • 210.342.0400 x 0 ROOM CODE; COLONIC INFO \$99.00 Single King / 2 Queen Suites Director of Sales: Mary.Rodriquez@aimhosp.com

HTTPS://WWW.HILTON.COM/EN/HOTELS/SATAIHT-HOME2-SUITES-SAN-ANTONIO-AIRPORT-TX/

Free Airport Shuttle and Travel to/from Class, Pool, Fitness Center, Grab and Go Breakfast: Sandwiches, Yogurt, Granola, Juices & Coffee Free Parking * Non-Smoking * Digital Key * Pet Friendly *

Refrigerator & Coffee Maker every room, Complimentary Internet, 42" Plasma TV,
Cracker Barrel Restaurant next door * Walmart walking Distance
Colonic Institute is Four Miles North West of Hotel

DownTown, River walk, The Alamo and the Spurs Dome is about Twelve Miles south of Hotel. Please make your Reservations Early - to Ensure Discounted Room Rates.





FREE Travel to/from Colonic Institute

Shuttle Makes ONE Trip Each Way!

Monday @ 11:30 AM

Tuesday to Saturday 7:30 AM

Be in Lobby on Time

to Catch Shuttle

(Do Not make others wait.)

As a Courtesy, Please

Tip the Driver.





DO NOT MISS THESE!

SCHEDULE TIME AND VISIT OUR BEAUTIFUL CITY ALSO SEA WORLD & FIESTA TEXAS THEME PARKS COVID RESTRICTIONS APPLY.



FAMOUS SAN ANTONIO RIVER WALK STARTED IN 1938, OPEN 365 DAYS A YEAR, NOW OVER 8 MILES WITH GREAT RESTAURANTS, HOTELS MUSIC, SHOPS, ARTISTS, PEARL BREWERY & MUSEUMS FUN! FUN! HTTPS://www.thesanantonioriverwalk.com/about/our-history/



The Alamo - Shrine of Texas Liberty
One of the first Spanish missions Built 1718,
Alamo held 22 days against 3,000 Mexicans ended March 6, 1836.
Sam Houston, Davy Crockett, James Bowie, William B. Travis,
Stephen F. Austin, were among 189 men who died for Texas Freedom!
Over 600 Mexicans were killed, Santa Anna fled, later captured promised to end the war, escaped, then wounded by French
Cannons and lost left leg, died at 82 in 1874.

ALAMO DOME - BUILT 1993
REMODELED IN 2015
DOWNTOWN SAN ANTONIO, WHERE MANY
SPORTS AND CULTURAL EVENTS ARE HELD.



AT&T CENTER BUILT 2002
HOME OF THE SPURS,
THE STOCK SHOW & RODEO,
MUSIC EVENTS

PRESCRIPTION (RX) REQUIRED FOR CLASS Toward PROJUBES on PV to have Colonic Society

Texas REQUIRES an RX to have Colonic Sessions

If you do not bring your prescription with you, from your State, our area Doctor (Medical Director) will Review and Sign RX for You. Fee is \$100.00 for Students and/or Family Members.

The Medical Director will NOT Authorize for Purchase of LIBBE!

WE TEACH YOU HOW TO CALL ON DOCTORS IN YOUR STATE DURING CLASS.

WHAT WE NEED FOR CLASS

- Copy of High School or GED
- Copy of Degrees / Transcripts (if any)
- Copy of Your Prescription
- Bring Smile, Enthusiasm and be Excited to Learn

<u>Credit Card Authorization attached</u> or Tuition Checks may be Mailed To:

Colonic Network School 10911 West Avenue, San Antonio, TX 78213

FOR PERSONAL or BUSINESS CHECKS.

Enrollment & Check must arrive at least 14 Business Days BEFORE class starts.

CASHIERS CHECKS PROCESSED QUICKLY.

FOR MASTER CARD / VISA CREDIT CARDS PAYMENTS

PLEASE COMPLETE AND SIGN AUTHORIZATION FORM.

(American Express Cards - Will Add a 5% Processing Fee.)

BE SURE TO REGISTER EARLY FOR HOTEL -DO <u>NOT</u> SCHEDULE AIRLINE TICKETS UNTIL CLASS CONFIRMED!

(BEST WHEN WE HAVE A MINIMUM OF FOUR STUDENTS.)

Enrollment - Colonic Network School

PLEASE 10911 West Avenue, San Antonio, Texas 78213 210 308-8888

DONOT use P.O. # - MUST have a Street Address for UPS Delivery! CITYSTATEZIP	NAME	Hom	ne/Cell PHONE	
Do NOT use P.O. # - MUST have a Street Address for UPS Delivery! CITY	ADDRESS		APT / SUITE #	
Business Phone:	Do NOT use P.O. # - MUST have	a Street Address for UPS D	elivery!	
Business Phone: Fax International Please provide Phone and Fax Number with Country code - 011 + Your personal E-mail: Occupation: ATTACH OR BRING COPIES OF FOLLOWING: High School Year OR GED @ Year BRING COPIES OF FOLLOWING RELATED TO HEALTH CARE (IF You have them) • DEGREE: Expires: Date:/ / • LICENSE: Expires: Date:/ / • OTHER: Expires: Date:/ / What do you expect to do with the experience you get from this training? How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING"	CITY	STATE	ZIP	
International Please provide Phone and Fax Number with Country code - 011 + Your personal E-mail: Occupation: ATTACH OR BRING COPIES OF FOLLOWING: High School Year OR GED @ Year BRING COPIES OF FOLLOWING RELATED TO HEALTH CARE (IF You have them) • DEGREE: Expires: Date:// • LICENSE: Expires: Date:// • OTHER: Expires: Date:// What do you expect to do with the experience you get from this training? How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING"	ProvinceCountry	Birth Date	NickName	
ATTACH OR BRING COPIES OF FOLLOWING: High School Year OR GED @ Year BRING COPIES OF FOLLOWING RELATED TO HEALTH CARE (IF You have them) • DEGREE: Expires: Date:/ • LICENSE: Expires: Date:/ • OTHER: Expires: Date:/ What do you expect to do with the experience you get from this training? How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING" Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and understand the complete Colonic Network Enrollment Thereby acknowledge I have read and underst				
ATTACH OR BRING COPIES OF FOLLOWING: High School Year OR GED @ Year BRING COPIES OF FOLLOWING RELATED TO HEALTH CARE (IF You have them) • DEGREE: Expires: Date:/ / • LICENSE: Expires: Date:/ / • OTHER: Expires: Date:/ / What do you expect to do with the experience you get from this training? How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING"	International Please provide	e Phone and Fax Number wi	ith Country code - 011 +	
High School Year OR GED @ Year BRING COPIES OF FOLLOWING RELATED TO HEALTH CARE (IF You have them) • DEGREE: Expires: Date:/ • LICENSE: Expires: Date:/ • OTHER: Expires: Date:/ What do you expect to do with the experience you get from this training? How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING"	Your personal E-mail:	: Occupation:		
BRING COPIES OF FOLLOWING RELATED TO HEALTH CARE (IF You have them) • DEGREE: Expires: Date:/ • LICENSE: Expires: Date:/ • OTHER: Expires: Date:/ What do you expect to do with the experience you get from this training? How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING" Thereby acknowledge I have read and understand the complete Colonic Network Enrollment.	ATTACH OR BRING COPIES OF	FOLLOWING:		
DEGREE:	High SchoolY	Year OR GED @_	Year	
How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING" Thereby acknowledge I have read and understand the complete Colonic Network Enrollment.	• LICENSE:	Expir	res: Date://	
How did you find us or who referred you to our school? Have you had Covid Vaccines? One Two Booster Please Print NAME to appear on "CERTIFICATE of TRAINING" Thereby acknowledge I have read and understand the complete Colonic Network Enrollment.	What do you expect to do with the experience	ce you get from this training	?	
Please Print NAME to appear on "CERTIFICATE of TRAINING" hereby acknowledge I have read and understand the complete Colonic Network Enrollment				
hereby acknowledge I have read and understand the complete Colonic Network Enrollme	Have you had Covid Vaccines? One	_ Two Booster		
	Please Print NAME to	appear on "CERTIFIC	ATE of TRAINING"	
	l hereby acknowledge I have read and	d understand the compl	ete Colonic Network Enrollme	
Student Signature Date/	_	•		
	Student Signature		Date/	

ENROLLMENT

PAGE 12. TWELVE.



Five Day "In Person" Course ENROLLMENT

STUDENT NAME	DATE//
ENROLLMENT FOR 5 DAY / 50 HO	OUR - IN PERSON TRAINING
\$1,500.00 PER PERSON WHEN ENR	OLL MINIMUM 8 DAYS BEFORE!
I AM ENROLLING FOR MAY 09 - 13, 2022	5 DAY/50 HOUR CLASS ONLY
I AM ENROLLING FOR JULY 18 - 22, 2022	5 DAY/50 HOUR CLASS ONLY
I AM ENROLLING FOR SEPT. 12 - 16, 2022	5 DAY/50 HOUR CLASS ONLY
I AM ENROLLING LATE (7 DAYS PRIOR CLASS DAT	re) - Add Late FEE \$ 300.00

MINIMUM DEPOSIT TO ENROLL FOR THE "IN PERSON" COURSE IS \$1,500.00

THE 50 HOUR IN PERSON COURSE INCLUDES A TWO YEAR CPR CERTIFICATION, AND THE REQUIRED CERTIFICATION TO LEGALLY OPERATE A LIBBE MEDICAL DEVICE. I-ACT MEMBERSHIP ENCOURAGED AND ALLOWS PURCHASE MAL- PRACTICE INSURANCE.

THE "IN PERSON" COURSE HAS A NON-REFUNDABLE OF \$500.00

ENROLLMENT FOR THE 5 Day / 50 Hour Course: Complete Pages 12, 13 & 15, Take Picture with Phone / Email

You may include the Prescription, copies of High School and/or Degrees or You Must Bring Copies with you to Class.



BE SURE GOOD CLEAN READABLE DOCUMENTS

EMAIL: INFO@COLONIC.NET

Fax 210 349-5679

ENROLLMENT

Page 13. Thirteen.

PROFESSIONAL COLON HYDROTHERAPY TRAINING COURSE

200 Hours OnLine Modules, 65 Hours In Person, Two Memberships.

Strongly recommend YOU complete the 60 Hour Anatomy

& Physiology Online Module prior to arriving in Person.

/			
00			
.00			
.00			
(MINIMUM DEPOSIT FOR "ONLINE" IS \$1,800.00 - BALANCE FIRST DAY OF CLASS)			

ONLINE INCLUDES: REGISTRATION 200 HOUR ON LINE MODULES.

COMPLETE THE DIGESTIVE SYSTEM MODULES BEFORE ARRIVING FOR CLASS.

ALL THE MODULES MUST BE COMPETED WITHIN SIX MONTHS.

COURSE FEE INCLUDES: I-ACT AND NBCHT MEMBERSHIP AND TESTING FEES.

THE 6 DAY / 65 HOUR PROFESSIONAL "IN PERSON" HANDS ON CLASS INCLUDES: TWO COLONIC SESSIONS, THREE LUNCHES, TWO EVENINGS OF SOUP, TWO YEAR CPR, LIBBE DEVICE CERTIFICATE OF COMPLETION, TRANSCRIPTS. MULTIPLE INSTRUCTORS ARE AVAILABLE TO MONITOR / ASSIST STUDENTS!

THE PROFESSIONAL "ONLINE COURSE" FEE \$900.00 IS NON-REFUNDABLE!
THE "IN-PERSON COURSE" HAS A NON- REFUNDABLE \$500.00 (Total \$1,400.00)
TO ENROLL FOR THE PROFESSIONAL COURSE
PLEASE COMPLETE PAGES 12 - 16, AND ATTACHED
I-ACT APPLICATION (TWO PAGES 17 & 18) SCAN & RETURN.
PreRequisite: Copies of High School or Degrees / Transcripts
from approved Schools / Universities and bring your Prescription.

ENROLLMENT

ENROLLMENT PLEASE COMPLETE CREDIT CARD AUTHORIZATION FORM

PAYMENT FOR STUDENT:
CREDIT CARD #
Expiration / Security code () Zip
Print Name of Card Holder:Address:
Phone # of Card Holder
CARD Holder Signature Authorizes Payment of \$
X

DEPOSITS BY MASTER OR VISA CARDS AT NO FEE . AMERICAN EXPRESS WILL BE 5% PROCESSING FEE.

Non-Refundable:

50 Hour or "In Person" course - \$500.00 is Non-Refundable when notice in writing was provided.
The \$500.00 may be applied to the next scheduled class only.
No Notice - Full Amount is non-refundable, however Student may Enroll Early and must attend the very next scheduled class.

65 Hour "In Person" & "Online": Non Refundable is \$1,400.00

Partial Refund Policy: Written notice must be emailed or post-marked a minimum of Eight (8) days before Class Date.

NOTICE: We do NOT provide Job Placement or Employment Guarantees as part of training. I-ACT Members have access to on line listings of Centers seeking Trained Therapists.

WE RESERVE THE RIGHT TO REFUSE SERVICE OR TRAINING TO ANYONE THAT DISRUPTS OR CAUSES ISSUES - NO REFUNDS.

Your	Emerg	gency	Contact:
		-	

Name:____

Phone ______Relationship_____

ANYONE THAT DISRUPTS OR CAUSES ISSUES - NO REFUNDS.

REGISTER EARLY FOR HOTEL - SCHEDULE AIRLINE AFTER IN PERSON CLASS CONFIRMED!

ENROLLMENT

PAGE 15 FIFTEEN.

"U.S. Food and Drug Administration (FDA) Requirements"
FDA Colon Irrigation Systems, (Colonics) are Prescription Medical Devices and
Require a Prescription to Use, Operate or Purchase a Colon Hydrotherapy Device and or Supplies.
"The LIBBE" is a FDA Registered Medical Device for Colon Hydrotherapy. (since 1995)

Prescription Must be Completed by a Licensed Medical Practitioner that is Licensed in the STATE or COUNTRY where Medical Device is being used!

PRACTITIONER MAY CHOOSE TO WRITE ON OWN PRE-PRINTED PRESCRIPTION PAD.

R	RIPTI	ON FORM	
Person Name:			ate:
Address:	C	77:	
CityEmail:			
Prescription to have sessions and/or Use Licensed Practitioner Name:	Zip		•
Off Phone	em	all	
Signed: (Order Expires 12 Months from date	e signed)	Date:/_	/20
X		TYPE	
Licensed Medical Practitioner Signature		(MD DO DC ND)	PRN
License #		State/Country_	

EMAIL Copy To: info@colonic.net THEN PLEASE MAIL ORIGINAL COPY TO:
Tiller MIND BODY Inc. 10911 West Avenue, San Antonio, Texas 78213
210 308-8888 Fax 210 349-5679 Email: info@colonic.net www.colonic.net

INTERNATIONAL ASSOCIATION FOR COLON HYDROTHERAPY APPLICATION

for the Professional Colon Hydrotherapy Training Course

(- Please Print only -)

	,	J ,		
The Professional Colon Hydrotherapy Training Course inc	ludes the following or	n-line Modules:		
Colon Hydrotherapy History/Theory/Practice Anatomy & Physiology Microbiology Intestinal Health Function vs. Dysfunction Nutrition Drug Interactions Business Ethics/Office Procedures Complementary Modalities The Professional Colon Hydrotherapy Training Course incl Office Procedures Health & Sanitation Anatomy & Physiology of the Alimentary Tract Practicum I-ACT Administration Fees for I	30 60 25 14 16 (receive a Cer 10 40 (receive a Cer (receive a Cer 5 ludes the following in 5 5 5 5 7 Orofessional Co	tificate in Food, Nutrition, and Health) tificate in Starting Your Own Business i tificate in Small Business Marketing on house Modules:	a Shoestring) $\mathbf{a} = \mathbf{\$900.00}$	
(non-refundable) (this includes fees for	BCHT Testing fees)			
The Instructor/School fees are se	E PAID	BY THE SCHOOL with your instructor for the	AFTER ENRO	LIN
Enclosed is my payment of \$		Markan J. VI.	70.	
· ·		TYTASTOT CAT G	Discover All	228
		Today's Date_		
Cardnolder's Name				
		Credit Card (5 or + digit code	<i>y</i>	
Emphatica Date Coding Cod				
Name to appear on Membership Certificate:				ð.
Mailing Address				
City/ProvinceSta			Country	
Home / Cell Phone () Email				
Name of Business				
Business Address				
City/ProvinceStat			Country	
Business Phone () Fax Num	ber ()			
Please tell us about yourself:				
Membership in Other Organizations				
Skills, Hobbies & Interests				
Have you ever been convicted of a felony or ot	her misdemeano	r, please describe:		
If you are a colon hydrotherapist, please ans	wer the following	a anestions		
When did you begin working as a colon hydrof.		ig questions.		
		town of aculture at de	OLIBRE	
How many clients per week do you currently se	æ! what	type of equipment do you use	CIDDE	



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.

Date of Application	
	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 I-ACT By-Laws and Standard Operating Procedures, Regulations and Guidelines and 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."

Date of Application
st be a Full Member in good standing of us (210) 366-2888 for assistance.
AJT 490120 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

Page 2

Page 2 of 2 (Rev: Feb 1, 2021)