Training in Beautiful San Antonio, Texas Previous training in health care not necessary.

OPERATOR OF A FDA COLON HYDROTHERAPY MEDICAL DEVICE REQUIRES EACH PERSON COMPLETE MINIMUM TRAINING

DEVICE TRAINING: June 3 - 7, 2024

5 days/50 Hours "In Person" Hands On Training provides the minimum requirement for a future Therapist to to become Device Certified and legally operate "The LIBBE", and FDA Colon Hydrotherapy Device.

LIBBE is used by healthcare professionals in over 45 Countries.

Information / Tuition See Page 3. In Enrollment.

PROFESSIONAL CERTIFICATION: June 3 to 8, 2024

6 Days / 65 Hours "In Person" and 200 Hours Online Several States have passed Legislation that requires completing Professional Certification to Practice Colon Hydrotherapy. Professional Course also includes Two Memberships and testing fees, plus Certifications in Nutrition & Health and more.

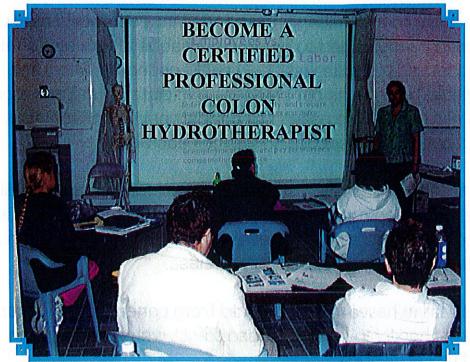
Classes are held together with Professional Students stayng over 1-1/2 days longer Pre-Study Guides are sent by UPS after Enrollment Processed.

ENROLL EARLY CLASSES FILL QUICKLY!

CLASS DATES WITH AGENDA, HOTEL AND ENROLLMENT ATTACHED Questions? Call: 210 308.8888 Email: info@colonic.net School Director: Monday thru Friday 8: to 2: Texas Time

ENROLLMENT REQUIRES PRINTING FROM A COMPUTER!

ENROLL EARLY FOR JUNE OR SEPTEMBER 2024



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

COLONIC NETWORK SCHOOL IN SAN ANTONIO, TEXAS

- 5 DAY IN PERSON LIBBE DEVICE COURSE MINIMUM TRANING REQUIRED TO OPERATE A FDA LIBBE MEDICAL DEVICE
A \$1,000.00 DISCOUNT OFF LIBBE DEVICE PURCHASE, WHEN TRAINING at
Manufacturer School and Initial Purchase completed within 90 days after Training.

OR COMPLETE LIBBE DEVICE AND I-ACT PROFESSIONAL COLON HYDROTHERAPY TRAINING AND BECOME PROFESSIONAL CERTIFIED COLON HYDROTHERAPIST

Some States Legislation Requires Certification To Practice!

6 Days In Person and 200 Hours Online includes Memberships and Test Fees A \$1,500.00 DISCOUNT OFF LIBBE DEVICE PURCHASE, WHEN TRAINING at Manufacturer School & Device(s) purchase completed within 90 days after Training.

PAST MEDICAL EXPERIENCE IS NOT REQUIRED.

ALL PERSONS OPERATING AN FDA MEDICAL DEVICE IS LEGALLY REQUIRED TO COMPLETE FUNCTION, MAINTENANCE AND SAFETY DEVICE TRAINING!

2020 & 2021 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 masks are optional - This common sense protects our students, clients and ourselves. School Instructors / Staff have chosen to be vacinated and boostered. Accepting Enrollments of 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. A prescription (RX) MUST be completed by your Doctor, if possible bring with you.

Instructors: Jeri and Dr. Bill Tiller. 1992 became founding Members of I-ACT. Connie Allred (our Founding Mother) asked Bill to be Vice President, of which Bill served from 1992 to 1994 and then as I-ACT President 1995 to 1999 developing many of the standards and testing used today.

NBCHT was formed in 2000 with Bill as the First President serving through 2005. The Tillers, a dedicated, passionate couple and with family continue to mentor many! Son; Tom teaches Terminology, Technical, Plumbing and Installation.

Daughter; Misty is Attorney and Quality Control teaches Medical Device Reporting

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

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









FDA REQUIRES EACH PERSON (Therapist) BE TRAINED

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 Limit 12 Students - Enroll Early!

STUDENTS
COMPLETING FIVE DAY "IN PERSON"
PROVIDES A \$1,000.00
DEVICE PURCHASE DISCOUNT.

(DISCOUNT AVAILABLE FOR NINETY DAYS AFTER COMPLETING DEVICE TRAINING.)

March 4 - 8, 2024 FULL June 03 - 07, 2024 September 9 - 13, 2024

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 \$500.00

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 an 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.)

COLON HYDROTHERAPY

- Promotes the loosening and elimination of waste.
 - Helps with constipation.
- Assists in elimination through natural peristalsis.
- Approved preparation for cleansing before Colonoscopy.
- Supports Hydration of colon.
- Absolutely safe when performed by properly trained Therapists using FDA Devices.

LIBBE OPEN System Function!

Client/patient undresses from the waist down and will be properly draped throughout the session. The Nozzle/Rectal Tube is gently and easily inserted, the "size of a pencil," single use, and disposable.

The LIBBE System is comfortable and may be operated in privacy for those who prefer solitude.

Temperature controlled water flows through a carbon filter which removes sediment, rust, and chlorine.

The client/patient controls the rate of the water from the gravity-fed column by a Flow Control Knob. The water is purified by an Ultra Violet -Water Purification System, before it passes through the Nozzle/Rectal Tube, and gently into the client/patient. Purified Water flows in.... Feces flows out, when

the client feels the need to release.

The water used during the session at a safely controlled temperature of 98° F to 102°F.

(Water is temperature controlled and can be safely adjusted to client/patient comfort.)

An odor exhaust system insures that the session room and entire center remains totally odor free. Rinsing sprayer is available for the client at the end of the session to rinse off.

Therapist is available to monitor and assist the client as needed. Session's last approximately 45 minutes. After each session the LIBBE is easily and thoroughly cleaned and disinfected.

Advantages:

 It is a simple, safe and effective procedure carried out by Trained Therapists using modern (FDA Registered) Medical Devices.

Benefits of colon hydrotherapy when medically indicated, may:

- · Offer immediate relief
- · Offer on-going improvement
- · Offers positive effects on bowel function
 - hydrate, activate, evacuate

MAY Compliment the Management of certain Health conditions, such as:

- Chronic Constipation
- · IBS and other functional bowel diseases
- · Cases unable to handle standard preparation
- · Cases where avoid unwarranted surgery
- · Chronic long standing bowel problems

Open vs Closed Colonic Systems

FDA Registered Medical Device's Effectiveness.

Open System: "The LIBBE"

- The open device is designed to allow warm filtered water gently into the colon and you release when you are ready. The therapist can stay with you or you can be alone if you prefer solitude. The therapist is always available and will monitor the device often.
- Active participation- you are in control of water pressure going in and when you decide to release.
- Uses single-use pencil-size Nozzle/ Rectal Tube for water flow which is easily inserted in privacy.
- Allows the colon and bladder to release anytime. "You are in Control"!
- No odor, messes, or blowouts. Waste is released into a basin where odor and feces (waste) goes directly into the sewer.

Closed System:

- The closed device requires the therapist being present throughout the session to control water flow going in and coming out. You cannot release at will.
- Passive participation- the therapist has constant control. You Do Not!

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 - <u>EAT Before or Bring Lunch!</u>

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

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

IMPORTANCE OF I-ACT MEMBERSHIP AND/OR PROFESSIONAL CERTIFICATION (FIRST HOUR LAST OPPORTUNITY TO CHANGE DEVICE TRAINING TO PROFESSIONAL COURSE.)

- 1:00 PM MODULE 101: SCHOOL POLICIES

 TOUR OF CENTER, INTRODUCTIONS, OATH OF COMMITTMENT

 Collect Required Prescriptions, copies of High School/GED, Any 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: - BEGIN PRACTICUM

STUDENTS GIVE AND GET SESSIONS

(DOCUMENT AS PART OF REQUIRED 35 SESSIONS)

This may be a Late Evening!

HOME MADE VEGETABLE SOUP PROVIDED AFTER SESSIONS.

Page 5. FIVE

In Person & Hands - On Course Both Device and Professional Students



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 - CONTINUE 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 CPR MEANS <u>Cardio Pulmonary Resuscitation</u>
Online course available - from your home
PAY \$12.95 AT END TO GET THE REQUIRED CERTIFCATION CARD.

HTTPS://WWW.CPR.IO/

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 "History / 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

12:00 LUNCH - PROVIDED IN CLASS or Bring your own

Module 104 PREPARE FOR INTERNSHIP - Sessions with Real Clients 1:00 PM. 2:30 PM. 4:00 PM.

Page 7. SEVEN

CONTINUE HOURS FOR IN PERSON COURSE

Day 5-----FRIDAY - Starts @ 8:00 AM

LÍBBE Device Components Quiz

MODULE 104: INTERNSHIP -

9:00 AM. 10:15 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" provided. (Suggest you place Certificate in a nice Frame and post in office.)

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 --- Continued... 1:00 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 - By Dr. Bill

Day 6 --- SATURDAY - 8:00
MODULE 104: COMPLETE INTERNSHIP -

Plan Airline Departure after 2:00 pm. so you have time to get through Security

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! "Certificate of LIBBE Device Training" provided.

Page 8. Eight

10911 West Avenue · San Antonio, Texas 78213 · 210 308-8888 · Fax: 210 349-5679

RESIDENCE INN By Marriott San Antonio Airport, Texas

1014 NE 410 LOOP, SAN ANTONIO, TX 78209 • 210 805-8118

Colonic - Book Direct \$125.00 + Taxes Studio or One Bedroom suite

ONLINE: Marriott.com/SATAP, Enter Dates,

under special rates CLICK Corp/Promo Code B4255

FREE Airport Shuttle and FREE Travel to/from Class.

SAVES ON RENTAL CAR OR UBER / LIFT OPTIONS

Includes: Hot Breakfast Juices & Coffee, Water Bottles Self Parking, Non-Smoking, Pool, Fitness Center, Pet Friendly and WOW! A Complete Kitchen in your Room

Complimentary Internet, 42" Plasma TV,

Please make your Reservations Early - to Ensure Discounted Room Rates.

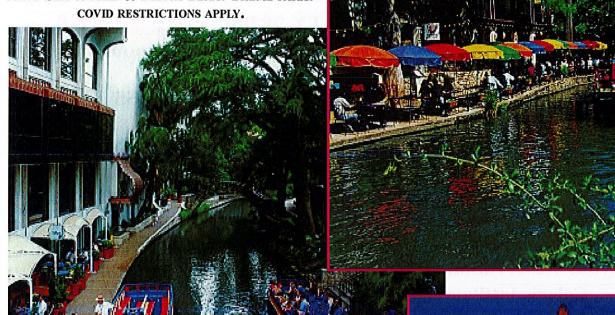
Colonic Institute is North West of Hotel - 7 miles

DownTown, River walk, Great Restaurants, The Alamo and the Spurs Dome - 10 miles
The Pearl - Shops, Restaurants"La Gloria" a Favorite. Farmers Market Saturdays 8.2 miles
North Star Mall - Tons of Shops - Cheesecake Factory - 3 miles

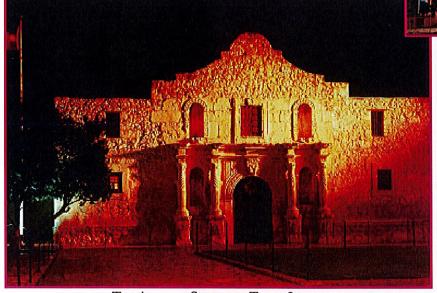


DO NOT MISS THESE!

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.



FROST BANK CENTER
HOME OF THE SPURS,
THE STOCK SHOW & RODEO,
MUSIC EVENTS

PRESCRIPTION (RX) REQUIRED FOR CLASS

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 YOU NEED FOR CLASS

- COPY OF HIGH SCHOOL OR GED
- COPY OF DEGREES / TRANSCRIPTS (IF ANY)
- Prescription
- COPY OF CPR CERTIFICATION CARD
- Bring Smile, Enthusiasm and be Excited to Learn

Credit Card Authorization attached 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 NOT SCHEDULE AIRLINE TICKETS UNTIL CLASS CONFIRMED!

[BEST WHEN WE HAVE A MINIMUM OF FOUR STUDENTS.]



Enrollment - Colonic Network School

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

| A | NAME | Home/Cell PHONE | | | | |
|---|------------------|-------------------------------|------------------------------|---------------------------------|--|--|
| Do NOT use P.O. # - MUST have a Street Address for UPS Delivery! CITY | ADDRESS | DRESS APT / SUITE # | | | | |
| Province Country Birth Date NickName Business Phone: Fax Fax | Do N0 | T use P.O. # - MUST have | a Street Address for UPS I | Delivery! | | |
| 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? What do you find us or who referred you to our school? Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm Student Signature Date // / | CITY | Charleson And | 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? Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm Student Signature Date/ | Province | Country | 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? Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrolling Student Signature | | | | vith Country code - 011 + | | |
| High School | Your personal E- | mail: | C | Occupation: | | |
| BRING COPIES OF FOLLOWING RELATED To HEALTH CARE (IF You have them) • DEGREE: Expires: Date:/ | ATTACH | OR BRING COPIES OF | FOLLOWING: | | | |
| DEGREE: | • High School | | Year OR GED @ | Year | | |
| • 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? Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm X Student Signature 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? Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm Student Signature Date | • LICENS | E: | Exp | ires: Date:// | | |
| How did you find us or who referred you to our school? Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm Student Signature | • OTHER: | | Exp | ires: Date:// | | |
| Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm Student Signature | What do you exp | ect to do with the experience | ce you get from this trainin | g? | | |
| Please Print NAME to appear on "CERTIFICATE of TRAINING" I hereby acknowledge I have read and understand the complete Colonic Network Enrollm Student Signature | <u> </u> | | | | | |
| I hereby acknowledge I have read and understand the complete Colonic Network Enrollm $old X$ Student Signature | How did you fin | d us or who referred you to | our school? | | | |
| X Student Signature Date Date | | Please Print NAME to | o appear on "CERTIFI | CATE of TRAINING" | | |
| X Student Signature Date | I hereby ackno | owledge I have read an | d understand the comp | plete Colonic Network Enrollmen | | |
| A | Y Student Sign | nature | | Date/ | | |
| Signature confirms you are medically, physically & mentally fit to participate in this Training Cou | | | | | | |

ENROLLMENT

PAGE 12.



Five Day "In Person" Course ENROLLMENT

| STUDENT NAME | DATE//_ | | | |
|--|--------------------------|--|--|--|
| ENROLLMENT FOR 5 DAY / 50 HOUR - IN PERSON TRAINING | | | | |
| \$1,500.00 PER PERSON WHEN ENROLL MINIMUM 8 DAYS BEFORE! | | | | |
| I AM ENROLLING FOR JUNE 03 - 07, 2024 | 5 DAY/50 HOUR CLASS ONLY | | | |
| I AM ENROLLING FOR SEPT. 9 - 13, 2024 | 5 DAY/50 HOUR CLASS ONLY | | | |
| ENROLLING LATE? (8 DAYS PRIOR CLASS DATE) - ADD LATE FEE \$ 500.00 | | | | |
| FULL TUITION OF \$1,500.00 IS DUE WITH ENROLLMENT | | | | |

THE 50 HOUR IN PERSON COURSE INCLUDES TWO COLONICS, TWO EVENINGS VEGETABLE SOUP,
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, Scan or 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.

STUDENTS
COMPLETING FIVE DAY "IN PERSON"
PROVIDES A \$1,000.00
DEVICE PURCHASE DISCOUNT.

(DISCOUNT AVAILABLE FOR NINETY DAYS AFTER COMPLETING DEVICE TRAINING.)

BE SURE GOOD CLEAN READABLE DOCUMENTS

EMAIL: INFO@COLONIC.NET

Fax 210 349-5679

ENROLLMENT

PAGE 13.



PROFESSIONAL COLON HYDROTHERAPY TRAINING COURSE



Please Complete the following 30 Hours before arriving: W01.1 History, W01.3 Colon Hydrotherapy Practices, W02.16 Nutrition and Digestive System, W04 Intestinal Health

| STUDENT NAME | DATE// | |
|--|------------------------------|--|
| I AM ENROLLING FOR JUNE 03 - 07, 2024 | 6 DAY "IN PERSON" | |
| I AM ENROLLING FOR SEPT. 09 - 13, 2024 | 6 DAY "IN PERSON" | |
| PROFESSIONAL APPLICATION 200 HOUR ONLI | NE MODULES \$ 900.00 | |
| "IN PERSON" HANDS ON 6 DAY /65 HO | OUR COURSE \$2,100.00 | |
| TOTAL TUITION FOR PROFESSIONAL COURSE \$3,000.00 | | |
| MINIMUM DEPOSIT FOR PROFESSIONAL IS \$2,000.00 | - BALANCE FIRST DAY OF CLASS | |
| ENROLLING LATE (8 DAYS PRIOR CLASS DATE) - A | DD LATE FEE \$ 500.00 | |

ALL THE MODULES MUST BE COMPETED WITHIN SIX MONTHS.

COURSE FEE INCLUDES: <u>I-ACT AND NBCHT MEMBERSHIP</u> AND <u>TESTING FEE AFTER COMPLETION</u>.

THE 6 DAY / 65 HOUR PROFESSIONAL "IN PERSON" HANDS ON INCLUDES:

TWO COLONIC SESSIONS, THREE LUNCHES, TWO EVENINGS OF SOUP,

A LIBBE DEVICE CERTIFICATE OF COMPLETION, TRANSCRIPTS.

AND MULTIPLE INSTRUCTORS ARE AVAILABLE TO MONITOR / ASSIST STUDENTS!

TO ENROLL FOR THE PROFESSIONAL COURSE

PLEASE COMPLETE PAGES 12, 13, 14, 15 & 16, AND ATTACHED

I-ACT APPLICATION (TWO PAGES 17 & 18) SCAN ALL & RETURN.

PreRequisite: Copies of High School or Degrees / Transcripts from approved Schools / Universities and bring your Prescription.

\$1,000.00 OF PROFESSIONAL "ONLINE COURSE" FEE IS NON-REFUNDABLE! IN-PERSON COURSE" HAS A NON- REFUNDABLE \$500.00 (Total \$1,500.00)

Completing Professional Course Provides a \$1,500.00
TRAINING DISCOUNT OFF EACH LIBBE.
(DISCOUNT AVAILABLE FOR NINETY DAYS AFTER COMPLETING DEVICE TRAINING.)

ENROLLMENT

PAGE 14.

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 a minimum of seven (7) days BEFORE Class. Student may then Enroll for the next class and the \$500.00 may be applied to the next scheduled class only!

IF NOT attend next scheduled class an additional \$500.00 Late Fee will be due and payable prior to Re-Enrolling for class! No Notice - Full Amount is non-refundable,

65 Hour "In Person" & 200 Hour "Online":

Non Refundable is \$1,500.00.

IF NOT attend next scheduled class an additional \$500.00 Late Fee will be due and payable prior to Re-Enrolling for class! No Notice - Full Amount is non-refundable,

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

Your Emergency Contact:

Name:_____

Phone _____

Relationship

REGISTER EARLY FOR HOTEL - SCHEDULE AIRLINE AFTER IN PERSON CLASS CONFIRMED! **ENROLLMENT Page 15.**

"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 1994)

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 PRESCRI | PTION FORM | | |
|---|---------------------------------|---|--|
| Person Name:Address: | | Date: | |
| CitySta | ateZij | 선생님들 아이들의 (1100년) 이번 시간에는 보다 이번 함께 없는 사업으로는 없는데 | |
| Prescription to have sessions and/or Use Colon Hydrotherapy Equipment and Supplies Licensed Practitioner Name: | | | |
| AddressCity | | PLEASE PRINT Licensed Medical | |
| StateOff Phone | _Zip | Practitioner Name, Address, Lic.#, State, Phone | |
| Signed: (Order Expires 12 Months from date sig | gned) Date:/_ | /20 | |
| X | TYPE(MD DO DC ND) 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

Prescription New or Renewal - 2024

PROFESSIONAL CERTIFICATION

Cengage 200 Hour Online Learning Modules

| | . (66 bears) | | | |
|--|--|--|--|--|
| Module W01 - Colon Hydrotherapy History/Theory/Practic | e (30 hours) | | | |
| Section W01.1 History | ver Danulations ato | | | |
| Section W01.2Standard Operating Procedu | ires, Regulations, etc. | | | |
| Section W01.3 | 745 | | | |
| Section W01.4Risk Management | utamas Distinctions | | | |
| Section W01.5 Equipment Prolocols and Ed | urpment distinctions | | | |
| Module W02 - Anatomy & Physiology (60 hours) | | | | |
| Section W02.1The Human Body | | | | |
| Section W02.2The Chemistry of Life | | | | |
| Section W02.3 Gell Structure | and unit an Adhan | | | |
| Section W02.4 Cellular Metabolism and Re | | | | |
| Melosis | PROFESSIONAL CLASS INCIDENT REVIEW OF THE DIGESTIVE SYSTEM REV | | | |
| Section W02.5Tissues | PROFESSION THE DIGESTIVE SISTEM | | | |
| Section W02.6The Integumentary System | DEVIEW OF THE SOCIALE | | | |
| Section W02.7The Skeletal System | PLEASE IF POSSIBLE COMPLETE ONLINE DIGESTIVE COMPLETE ONLINE ARRIVING. | | | |
| Section W02.8The Articular System | | | | |
| Section W02.9The Muscular System | BEFORE ARRIVING. | | | |
| Section W02.10The Nervous System (part a | SIX MONTHS TO | | | |
| Section W02.11The Nervous System (part b | YOU HAVE SIX MONTHS TO COMPLETE ALL THE MODULE | | | |
| Section W02.12The Endocrine System | COMPLETE ALL THE ITE | | | |
| Section W02.13The Blood | | | | |
| Section W02.14The Cardiovascular Circulate | ory a potent | | | |
| Section W02.15The Lymphatic Circulatory S | ystem | | | |
| Section W02 18 NUTRITION AND DI | GESTIVE | | | |
| Section W02.17 The Respiratory System | | | | |
| Section W02.18The Urinary System | | | | |
| Section W02.19The Reproductive System | | | | |
| Module W03 - Microbiology (25 hours) | | | | |
| Section W03.1The Background of Microbio | logy | | | |
| Section W03.2Infection Prevention | | | | |
| Section W03.3Protecting Patients and Our | selves | | | |
| Section W03.4Introduction to Microbiology | to the control of the | | | |
| Section W03.5The Science of Microbiology | | | | |
| Section W03.6The Prokaryotes | POST 1 | | | |
| Section W03.7The Eukaryotes | | | | |
| Section W03.8 The Diseases of the Gastrointestinal and | | | | |
| Genitourinary Systems | | | | |
| Section W03.9 Health, Hygiene and Sanital | ion | | | |
| Section W03.10Microbiology for Surgical Te | | | | |
| Module W04 - Intestinal Health Function vs. Dysfunction | N - 14 HOURS | | | |
| Section WQ4.1 HEALTHY DIGESTIVE SYSTEM | COMPANY OF THE STATE OF THE STA | | | |
| Spection Mina 2 Impaired Digestive System | | | | |
| Section W04.3 Digestive Disfunction | | | | |
| Module W05 - Nutrition (16 hours) | 9 | | | |
| Section W05.1Nutrition (with separate cert | ification in Franci, Mutrition | | | |
| and Health) | incacon in a coo, ivaliating | | | |
| Module W06 - Drug Interactions (10 hours) | | | | |
| Section W06.1Drug Interactions | | | | |
| Module W07 – Business Ethics (40 hours) | | | | |
| | Health & Healing | | | |
| Section W07.1Start Your Own Business in Health & Healing Section W07.2Small Business Marketing on a Shoestring | | | | |
| Section W07.2Regulations (2 hours) | Ar a onosaring | | | |
| Section W07.4Career Paths (2 hours) | 3/3/ 4/3 | | | |
| Section W07.4Management/Operations (1 hour) | | | | |
| 1) Section Words | nour) | | | |
| Module W08 – Complementary Modalities (5 hours) | | | | |

TO ENROLL FOR THE PROFESSIONAL COLON HYDROTHERAPY TRAINING COURSE

PLEASE COMPLETE SCAN AND RETURN
PAGES 12, 13, 14, 15, 16,
AND I-ACT APPLICATION PAGES 17. & 18.
AFTER PROCESSING
WE WILL SUBMIT I-ACT APPLICATION
TO THE I-ACT OFFICE - WATCH FOR AN EMAIL
FROM I-ACT TO ACCESS ONLINE COURSES

THESE STATES <u>REQUIRE</u> PROFESSIONAL COURSE TO WORK AS A COLON HYDROTHERAPIST; COLORADO, CONNETICUTT, WASHINGTON, NEVADA (OTHERS PENDING)

RECOMMEND YOU CONSIDER PROFESSIONAL COURSE FOR THE KNOWLEDGE AND COMMUNICATING WITH AREA PHYSICIANS.

FLORIDA: THE ONLY STATE THAT LICENSES;
REQUIRES BECOMING A FLORIDA
LICENSED MASSAGE THERAPY FIRST!

INTERNATIONAL ASSOCIATION FOR COLON HYDROTHERAPY APPLICATION

for the Professional Colon Hydrotherapy Training Course

(- Please Print only -)

| The Prof | The Professional Colon Hydrotherapy Training Course includes the following on-line Modules: | | | | |
|--|--|--|--|--|--|
| | Colon Hydrotherapy History/Theory/Practice Anatomy & Physiology | 30 60 | | | |
| | Microbiology Intestinal Health - Function vs. Dysfunction | 25 14 | | | |
| | Nutrition | | e in Food, Nutrition, and Health) | | |
| | Drug Interactions Business Ethics/Office Procedures | 40 (receive a Certificat | e in Starting Your Own Business in H | calth and Healing) and | |
| | Business Engesonice Processies | | e in Small Business Marketing on a Si | | |
| | Complementary Modalities | S | | | |
| The Profe | essional Colon Hydrotherapy Training Course includ | es the following in-hous | e Modules: | | |
| | Office Procedures Health & Spanitation | 5 5 | | | |
| | Anatomy & Physiology of the Alimentary Tract | 5 | | | |
| | Practicum | 50 | | | |
| K | I-ACT Administration Fees for Pronon-refundable this includes fees for I- | ACT Membership; all | Hydrotherapy Training : registration fees for the Cengage on | = \$900.00 -line courses and Ed 2 Go | |
| | certification fees; NBCHT Membership and NBC | CHT Testing fees) | VITUE SCHOOL | LETER EVROLLING | |
| - | certification fees; NBCHT Membership and NBCHT Memb | | | | |
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| Business Phone () Fax Number () | | | | | |
| Please tell us about yourself: | | | | | |
| Membership in Other Organizations | | | | | |
| Skills, Hobbies & Interests | | | | | |
| Have you ever been convicted of a felony or other misdemeanor, please describe: | | | | | |
| If you are a colon hydrotherapist, please answer the following questions: | | | | | |
| | d you begin working as a colon hydrothe | | | | |
| W Den Ci | you begin working as a colon hydronic | 7 What tun | e of equipment do you use? | IBBE | |
| How many clients per week do you currently see? What type of equipment do you use? LIBBE | | | | | |

Page 1 of 2



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 MUST 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."

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.

Signatore of Sponsor / Instructor *** required for all applications***

Spanger's / Instructor's I.ACT Membership #

Thank you. Your application will be reviewed for membership and you will be notified promptly.

I-ACT, P.O. Box 461285, San Antonio, TX 78246-1285

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