



Certified Colon Hydrotherapist – Application

Use this form to register for the Certified Colon Hydrotherapist credential. Completely fill out the application, and include payment information. The NBCHT [Privacy Policy](#) and [Credit Card Payment Policy](#) are posted at www.nbcht.org. All information provided on this application is subject to audit by the NBCHT. Knowingly providing fraudulent information will result in the revocation of the credential and lifetime prohibition from attaining the certification.

1. GENERAL INFORMATION (Print or type clearly)

Title: (*Dr., Mr., Ms.*) _____

Name: _____

(Last) (First) (MI)

Title: _____

Preferred Mail Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax/Cell _____

Email address: _____

Licenses and Certifications Held: _____

Attach
recent
photo here

2. GENERAL EDUCATION: On a separate sheet of paper list, in chronological order, the name, city and state of each educational institution starting with High School or equivalent. For each educational institution listed or degree claimed, attach a photocopy of an official diploma or a grade transcript.

3. COLON HYDROTHERAPY EDUCATION & TRAINING: (*Copies must be notarized*)

Hours of Colon Hydrotherapy Training: _____

Years of Practice in Colon Hydrotherapy: _____

Number of Client Sessions Performed Weekly: _____

Level of I-ACT Certification (*Min Intermediate Level Required – include copy of I-Act Certificate*): _____

_____ Date of AHA CPR Certification (*include copy of certification*) _____

4. EQUIPMENT VERIFICATION:

Type of Equipment Used: _____ Serial Number(s) _____

Equipment is registered with the FDA? Yes No

5. EXAMINATION FEE: **\$275.00 USD**

6. METHOD OF PAYMENT: The NBCHT will not accept third party payments unless the third party is a government agency, the applicant's employer or is otherwise authorized by the NBCHT prior to the application submission. Payment is due at the time of registration, and must be made by check or via credit card payment. Please indicate payment method:

Check# _____ Amount \$: _____ US Dollars

Credit Card: Name on Card: _____

MasterCard (16 digits) Visa (13 or 16 digits)

Account Number: _____ Expiration Date: ____/____ Security Code: ____

Credit Card Authorization: I hereby authorize a charge of \$ _____ in US dollars to my credit card as indicated above.

7. ETHICS CERTIFICATION AND ATTESTATION: I hereby attest to, and certify that, the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the obligations set forth as follows:

1. Y N I agree to give the NBCHT timely notice of any contact or address change in writing.
2. Y N Having read the NBCHT Code of Ethics and Policies and Position Statements as posted on the NBCHT website, I hereby confirm that I have not violated any of its provision in the past, and will comply with all tenants in the future. I agree to act and conduct my practice in accordance with the currently adopted Code and Policies.
3. Y N I understand and agree that I am obligated to report in a timely manner any changes concerning my responses to this application to the NBCHT in writing.
4. Y N I have never been the subject of any professional or occupational credentialing, license, certification or registration ethics or other disciplinary matter(s) or proceeding(s).
5. Y N I have never been convicted in any matter or proceeding of felony criminal offenses.
6. Y N I have never been convicted of, entered a plea of "no contest" or "guilty" to, or received deferred adjudication for an offense involving prostitution or other sexual offense.
7. Y N I attest that the equipment I use to perform colon hydrotherapy is duly registered with the FDA as required by law.
8. Y N I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the NBCHT Board of Directors.

If you have answered "NO" to any statement(s) above, please provide a written explanation.

8. NBCHT PRIVACY POLICY: I understand that a condition of certification is acceptance from the NBCHT of all "official correspondence." I understand that refusal to accept "official correspondence or issuance of a demand to have my personal information removed from the NBCHT data base will cause revocation of certification status. I further understand that a benefit of NBCHT Certification is that limited information concerning NBCHT Certificants is posted on the NBCHT online Registry and that information concerning my certification status will be shared with outside agents with my approval. I also understand that the NBCHT at times may share my contact information with outside agents promoting education and programs of interest to colon hydrotherapists. I have indicated my willingness/unwillingness to be included in the NBCHT database, the NBCHT published registry and to receive additional information related to environmental professionals as indicated below:

I give my permission for the NBCHT to include my information in the NBCHT internal database and to send me all "official communication."

I give my permission for the NBCHT to post my name, state/province of residence, and certification title(s) information on the NBCHT Registry.

I give my permission for the NBCHT share USPS mail and email contact information with outside organizations promoting programs that may be of interest to environmental professionals and NBCHT certificants and registrants.

9. CERTIFICATION OF ACCURACY, AGREEMENT AND RELEASE AUTHORIZATION:

By signing this document, I hereby certify that the information provided in and attach to this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that NBCHT has the right to contact any person, agency/entity, or organization to review or confirm any information provided in this application. I further agree to authorize the release of any information requested by the NBCHT with respect to the review of this application. I further understand and agree that the NBCHT has the right to notify pertinent credentialing and professional organizations if it is determined that this application contains false information.

I understand and agree that NBCHT certification and recertification depends upon my fulfillment of all required criteria, and obligations including compliance with the NBCHT Code of Ethics, Standards of Practice and Policies and Procedures. I further agree to inform the NBCHT, in timely manner, if I become the subject of any ethics, disciplinary, criminal, or lesser offenses, complaints, or charges.

I further agree that, for research and statistical purposes only, data resulting from my participation in the certification process may be used in an anonymous/unidentifiable manner; I understand that all material becomes the property of NBCHT upon receipt and that neither originals nor photocopies will be returned to me.

In the event that my certification is suspended or revoked, I agree to comply with all directives or orders of the NBCHT Board of Directors, including the return of all NBCHT credentialing documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

Applicant's Signature

Date

Application Checklist:

- Application completed and attestation/certification statements signed and dated
- Education Documentation attached
- Experience Documentation attached
- Credential Documentation attached
- Check attached, or credit card information provided

Applications must be sent to: The National Board for Colon Hydrotherapy (NBCHT)
8521 Blanco Rd., #2-179 • San Antonio, TX 78216-3069 (210)308 -8288)

NBCHT Experience Documentation Form

*Note: this form is to be used to document **Experience** requirements*

Candidate Name: _____

Date Submitted: _____

Dates of Employment	Employer's Name and Address	Name and Title of Supervisor	Narrative Description of Roles and Responsibilities Related to Colon Hydrotherapy

NBCHT Education & Training Documentation Form

*Note: this form may be used to document **Education** and **Waiver for Education** requirements (experience in lieu of education)*

If applying for a Waiver Please Check Here: NO; YES;

Candidate Name: _____

Date Submitted: _____

Education Waiver applied for?	Dates of Education	Name and Address of Educational Facility	Name and Title of Program <i>(e.g., High School Curriculum, I-ACT Certification)</i>	Narrative Description of Courses and Applicability to Colon Hydrotherapy
__Y __N				
__Y __N				
__Y __N				
__Y __N				