

Application for Colonic Irrigation Certification



Board of Massage Therapy
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: <https://floridasmassagetherapy.gov/>
Email: info@floridasmassagetherapy.gov
Phone: (850) 245-4161
Fax: (850) 412-2681





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Do Not Write in this Space
For Revenue Receiving Only

Florida law requires a massage therapist license as well as certification to practice colonic irrigation.

Colonic Irrigation Certification (3010)- \$100.00 (non-refundable)

Applications received without fees will not be processed. Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. Requests to withdraw must be made in writing.

1. PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Florida Massage Therapist License #: MA _____

Has your address changed? Section (s.) 456.035, Florida Statutes (F.S.) requires you to notify the department in writing of any changes in your mailing address and place of practice. Visit www.flhealthsource.gov for additional information on how to update your address.

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. EDUCATION HISTORY

Colonic irrigation education is required for certification. This education may have been completed during your study at a massage school, by subsequent study, or by apprenticeship. A course of study completed with an approved provider or school in another state must be equivalent to or more stringent than that which is required by Rule 64B7-32.005, Florida Administrative Code (F.A.C.).

I have completed (select only one):

<input type="checkbox"/>	A colonic irrigation apprenticeship in Florida.
<input type="checkbox"/>	A course of study in colonic irrigation at a Florida board approved massage therapy school or an equivalent course of study with an approved provider or school in another state.

If you selected "A course of study in colonic irrigation," provide the following:

School Attended:	
State:	Completion Date (MM/DD/YYYY):

Request proof of completion of a course of study in colonic irrigation (i.e. transcript) from your education provider or school. Board staff cannot request this documentation on your behalf. Transcripts must be sent by the provider or school directly to the board office at:

Board of Massage Therapy
4052 Bald Cypress Way Bin C-06
Tallahassee, FL 32399-3257

Name: _____

3. EXAMINATION HISTORY

Successful completion of an approved examination is required for certification. The examination currently approved by the Board of Massage Therapy is offered by the National Board of Colon Hydrotherapy (NBCHT).

Additional information about the NBCHT examination can be found at www.nbcht.org. The NBCHT may be contacted by phone at (210) 308-8288 for any additional questions you may have about the examination.

Select one of the following options:

I have taken and passed the NBCHT examination.

Submit a request to the NBCHT to release your exam scores to the board office. Exam scores will be sent directly to the board office from the NBCHT. Board staff cannot request this documentation on your behalf and cannot accept exam scores submitted directly from applicants.

I have not taken the NBCHT examination and have never been authorized to test.

Once it is determined by the board that your education is equivalent to or more stringent than that which is required for this certification, you will receive authorization to test. The NBCHT application and required fees for the examination must be submitted to the NBCHT directly. The NBCHT will verify candidate eligibility with the board once they have received and processed your application.

Do not submit your NBCHT authorization or fees for the examination to the board office. Board staff are **not able** to submit them to the NBCHT on your behalf. Received authorizations and mailed fee payments will be returned to you and may result in a significant delay in scheduling your examination.

I have previously been authorized to take the NBCHT examination for this certification, but I was required to retest or did not schedule my examination in the timeframe allowed.

Applicants who are still authorized to test may resubmit the form and required fees directly to NBCHT. The NBCHT will verify candidate eligibility with the board. **Do not** submit your NBCHT authorization or fees for the examination to the board office. Board staff are **not able** to submit them to the NBCHT on your behalf. Received authorizations and mailed fee payments will be returned to you and may result in a significant delay in scheduling your examination.

4. APPLICANT STATEMENT AND SIGNATURE

I have carefully read the questions in the application and have answered them completely, without reservation of any kind, and I state that my answers and all statements made by me in support of this application are true and correct.

Should I furnish false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license or certification to practice in the state of Florida. I acknowledge that practice as a licensed Massage Therapist and certification to practice colonic irrigation in Florida is governed by chapters (ch.) 456 and 480, F.S., and Rule ch. 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to ch. 456 and 480, F.S., and Rule ch. 64B7, F.A.C.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____
You may print this application and sign it or sign digitally. MM/DD/YYYY