

Intestinal Health Institute

Application for Therapist Position

attach photo here

4427 E 5 St Tucson AZ 85711

520-325-9686

www.intestinalhealthinstitute.com

Job Description: The therapist position includes giving colon hydrotherapy sessions, housekeeping duties, managing the office, marketing oneself and the practice, knowledge of nutrition and herbs and extraordinary kindness in interpersonal relations. Therapist makes a one-year contract commitment plus 24 hours of continuing education.

The application and relevant materials are to be completed in detail, signed by the applicant (and his or her parent, in the event the applicant is under 21 years of age) and returned.

Beginning Date Requested: _____

Personal Information: Please print clearly

Last Name First Name Middle initial Date of Birth Age

Street Address City State/Province Country Zip Code

Cell Phone Home Phone Work Phone

Email Website

Weight Height Place of Birth Social Security Number

Male Female Status: S M D W Children: Y N

Visa Status

Immigrant (list alien number) Visa Number Student Visa Number Other

Emergency Contact

Name	Relationship	Phone
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Address

Education:

- Please list the high school, postsecondary, healing arts or health profession and colon hydrotherapy institutions you have attended and degrees awarded.
- Please state name if different on school record:

Name	City/State	Dates Attended/Graduated	Degree
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Employment: Please list in chronological order beginning with current occupation.

Name of Business /Employer	Address	City/State	From/To
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Military Background

If you have served in the US Armed Forces, give branch of service and approximate dates of military service.

Character References: (Name, Phone, Relationship)

- List a reference that can attest to your suitability for the profession of Colon Hydrotherapy, preferably a health care professional or a Colon Hydrotherapist.
- List 2 other persons other than family who have known you three years.

Name	Address/City/State/Zip	Phone
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Photo

Please attach a small, recent photo of yourself to the indicated place on the front page of this application.

Background Questions (If Yes, please explain on a separate sheet)

- Have you even been convicted of a felony or misdemeanor other than a traffic offense? Yes No
- Have you ever had a professional license revoked? Yes No
- Have you ever had treatment for a mental or emotional illness? Yes No
- Have you ever been treated for any medical or physical conditions other than colds or minor injuries in the last five years? Yes No
- Are you a habitual user of drugs including alcohol? Yes No
- Do you have a medical condition that requires you to take medications daily? Condition? Yes No
- Do you have any environmental sensitivities or allergies?
- Are you pregnant? Yes No Month? _____
- Do you have any physical limitations and/or any special learning needs/challenges that are likely to be an obstacle to your participation in the training? Yes No
- Does your doctor release you to practice Colon Hydrotherapy? Yes No

Note: A prerequisite to acceptance as a therapist is a certificate from an International Association for Colon Hydrotherapy (IACT) certified school or a state licensed school. Certificates other than from IACT and state schools will be evaluated on their merit.

Professional Questions (Please use separate sheet if necessary)

- Have you received 2 or more sessions of colon hydrotherapy?
Yes No
- How did you hear about our clinic?

- What are your reasons for applying for the colon hydrotherapy position?
- What are your city, county, state and country laws and regulations governing Colon Hydrotherapy?
- What are your long-range career plans?

Please arrange for the following documents to be sent to the Director:

- Copies of most recent academic & holistic diplomas/certificates
- A copy of Colon Hydrotherapy Certificate
- A typed resume outlining education and professional development
- A letter from a colon hydrotherapist indicating that you have had at least two colon hydrotherapy sessions
- A letter of reference from a health care professional or a colon hydrotherapist who can attest to your suitability for the profession of Colon Hydrotherapy.
- A copy of membership in the International Association for Colon Hydrotherapy
- Application Form (all pages completed)

As soon as your completed application and additional materials are received, we will contact you for an interview.

IHI has my permission to perform a background check on me.

I certify that the information above is true. I understand that it will be held in confidence and will only be used to determine the degree to which I may benefit from this position.

Applicant's Name

Date

Applicant's Signature

Signature of parent or guardian if under 21 years of age

Make a copy for yourself and mail this application with documentation to:

Intestinal Health Institute - Sheila Shea - Director - 4427 E 5 St – Tucson - AZ - 85711-2006