

Intestinal Health Institute

Application for Admission

attach passport photo here

4427 E 5 St Tucson AZ 85711
520-325-9686 www.intestinalhealthinstitute.com

Foundations of Colon Hydrotherapy Program

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 with an application fee of \$100.

Program 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
------	--------------	-------

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
------	------------	--------------------------	--------

Employment: Please list in chronological order beginning with current occupation.

Name of Business /Employer	Address	City/State	From/To
----------------------------	---------	------------	---------

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

Photo

Please attach a small, passport 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? Yes No
- Are you pregnant? Yes No Month? ____ If you are pregnant, we require a letter from you physician as to the advisability of your receiving colon hydrotherapy.
- 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 participate in the Colon Hydrotherapy program and treatments? Yes No

Note: Prerequisite courses, certificates and homework are due by the Graduation Date (Day 6 of the Program). Students who do not complete all certification requirements by the end of 30 days after the Graduation Date may not be certified or receive a diploma. This would require repeating the Program. See pages 7-8 in the catalog for Prerequisite information.

