International Association for Colon Hydrotherapy Application

for

Membership Application

*** PLEASE COMPLETE ELECTRONICALLY ONLY ***

Please check the membership classification that corresponds to your situation?

☐ **I-ACT Full Member = $150.00 (International Member $125 US funds)**. A Full Member has one vote, receives a newsletter subscription, may be granted access to the I-ACT members only online community, and is eligible to serve as an officer or member of the Board of Directors or on standing committees of the organization. Dues are required annually. Membership will lapse if dues are not paid in a timely manner, and any certification status earned will be revoked.

☐ **I-ACT Affiliate Member = $250**. An Affiliate Member is a group, organization or company who wants to support the growth of colon hydrotherapy and the goals of this Association. Affiliate Members subscribe to I-ACTs ethical and professional guidelines, receive a newsletter subscription, and may designate a representative to serve on committees. Dues are required annually. Affiliate Members are not eligible to vote nor serve as an officer or member of the Board of Directors.

☐ **Donating Member = $55 or $_____ or _____ in goods and services**. Donating Members are individuals – clients, healthcare providers, family, friends) who want to support the growth of colon hydrotherapy and the goals of this Association. A Donating Member receives a newsletter subscription, may serve on committees or advisory boards, but is not eligible to vote or serve as an officer or member of the Board of Directors.

☐ **Retired Professional Member = $75**. A Retired Professional Member is an individual who has been a practicing colon hydrotherapist and Full Member of I-ACT for a minimum of 10 years, who maintained all requirements of said membership, and who is no longer practicing due to retirement. Dues are required annually and must revert back to Full Member if the individual elects to return to the practice. Retired Professional Members have the right to vote and may serve on committees and advisory boards, but are not eligible to serve as an officer or member of the Board of Directors.

Payment enclosed for $_____ by ☐ Check ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

Credit Card Information:

Cardholder's Name _____ CC Zip/PC _____

Credit Card # _____ Exp Date _____ CVV _____

Signature _____ Today's Date _____

Membership Information:

Legal Name (as on driver's license) _____

Name to appear on membership certificate: _____

Mailing Address _____

City/Province _____ State/Region _____

Zip/Postal Code _____ Country _____

Phone _____ ☐ C ☐ H Text Messages (cell only) ☐ Yes ☐ No

Email (for all communications) _____

Business Information:

Business Name _____

Business Address _____

City/Province _____ State/Region _____

Zip/Postal Code _____ Country _____

Business Phone _____ Fax Number _____

About You:

Membership in other organizations _____

Skills, hobbies & interests _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please describe. _____

Are you currently working as a colon hydrotherapist? ☐ Yes ☐ No Start Date _____

Number of clients seen per week _____ Type of equipment used _____

* *

I-ACT Policy Statements

Please read carefully and initial your understanding of each statement.

_____ 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 effective 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 SHALL NOT be used.

_____ 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."

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. I further understand that by signing this application, my signature below indicates I have read these statements and will comply with all information contained herein.

_____ _____

Applicant Signature *** Required *** Date

All applications to I-ACT require a sponsor who is a Full Member in good standing. No Sponsor? Write-in I-ACT office or call (210) 366-2888 for assistance.

_____ _____

Sponsor Signature/Instructor *** Required *** Sponsor/Instructor Membership #

This form must be completed and returned to the I-ACT office.
You will be notified promptly of next steps. Thank you!

Return this form with your current resume, passport size photo, and payment.