



Application for Colonic Irrigation Apprenticeship

Florida Board of Massage Therapy
PO Box 6330
Tallahassee, FL 32314-6330

Web: www.floridasmassagetherapy.gov
E-mail: info@floridasmassagetherapy.gov

Do not write in this space.
For Revenue receipting only.

APPLICATION FEES: Colonic Irrigation Apprenticeship (X-3010)

Application Fee: \$100.00
Please note that the application fee is non-refundable.

Applications received without fee payment will not be processed.

Fees must be paid in the form of a cashier's check or money order made payable to "Department of Health."

Part A: Colonic Irrigation Apprentice Information

APPRENTICE NAME AND LICENSE NUMBER

A person completing apprenticeship training in colonic irrigation must be a licensed massage therapist, pursuant to 64B7-29.001(2), Florida Administrative Code.

Apprentice Name: _____
First Middle Last

License Number: MA _____

EMAIL NOTIFICATION

If you want to be notified of the status of your application by email, please check "Yes" and provide your email address. Information about your application will be sent via email. You will be responsible for checking your email regularly and updating your email address with the Board office.

I want to be notified by email: Yes No

E-Mail 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 us by phone or in writing.

ATTESTATION AND SIGNATURE

I have reviewed the requirements for completing a colonic irrigation apprenticeship. I understand that my training must take place in a qualified massage establishment under the direct supervision of my sponsor and must be completed within one year. I further understand that my license may be subject to discipline if apprenticeship training is commenced without approval by the Department.

I understand that my apprenticeship is governed by Chapters 456 and 480, Florida Statutes, and Rule Title 64B7, Florida Administrative Code, that I am under continuing obligation to comply with Chapters 456 and 480, Florida Statutes, and Rule Title 64B7, Florida Administrative Code.

I understand that it is my responsibility to notify the Department and terminate my apprenticeship or seek a new sponsor within 30 days if my sponsor is unable to complete supervision of apprenticeship training once commenced, and that I may not complete any training without direct supervision.

I understand that my apprenticeship may be terminated if disciplinary action is taken against my license, the license of the qualified establishment, or my sponsor. The answers provided on this application are true and correct, and I have answered them completely, without reservation of any kind.

Signature: _____

Continue with PART B this application.

Part B of this application requires authorization from the qualified establishment, as well as agreement from a sponsor to provide training and direct supervision during your apprenticeship and to report completion.

You may submit all parts of this application together once they are complete.

Part B: Qualified Massage Establishment; Sponsorship

QUALIFIED MESSAGE ESTABLISHMENT – ATTESTATION AND SIGNATURE

A qualified massage establishment must be licensed pursuant to 480.043, Florida Statutes, must meet the requirements of 64B7-26, Florida Administrative Code., and must be equipped for training pursuant to 64B7-29.007(2), F.A.C.

The qualified massage establishment will be inspected for compliance with these requirements prior to the authorization of colonic irrigation apprenticeship.

Establishment Name: _____ **License Number: MM** _____

I am the (check all that apply): **Establishment Owner**
 Designated Establishment Manager (MA _____)

I am authorized by the establishment named below to allow apprenticeship training.

I have reviewed the requirements for colonic irrigation apprenticeship and authorize apprenticeship training in this establishment. I understand that the colonic irrigation apprentice may not commence apprenticeship training in this establishment until approval has been issued by the Department. I further understand that my license or this establishment license may be subject to discipline if apprenticeship training is commenced without approval by the Department.

I understand that this apprenticeship may be terminated if disciplinary action is taken against this establishment license, the license of the sponsor, or the license of the colonic irrigation apprentice. The answers I have provided in this section are true and correct, and I have answered them completely, without reservation of any kind.

Name: _____ **Date:** _____

Signature: _____

SPONSORSHIP – ATTESTATION AND SIGNATURE

Colonic irrigation apprentice sponsorship means assumption of responsibility to provide training pursuant to Rule 64B7-29.007, Florida Administrative Code under the sponsor's direct supervision.

The sponsor of a colonic irrigation apprentice must be a licensed massage therapist without disciplinary history who has been licensed for and who has been engaged in the practice of colonic irrigation for at least three years.

Sponsor Name: _____
First *Middle* *Last*

License Number: MA _____

I have reviewed the requirements for the sponsor of a colonic irrigation apprenticeship. I understand that training must take place in a qualified massage establishment under my direct supervision as the sponsor and must be completed within one year and that I am responsible for reporting completion of apprenticeship training to the Department. I further understand that my license may be subject to discipline if apprenticeship training is commenced without approval by the Department.

I understand that my sponsorship and training of this colonic irrigation apprentice is governed by Chapters 456 and 480, Florida Statutes, and Rule Title 64B7, Florida Administrative Code, and that I am under continuing obligation to comply with Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C.

In the event that I am unable to complete sponsorship of this colonic irrigation apprentice once commenced, I understand that it is my responsibility to notify the Department within 30 days and that the apprentice may not continue training without direct supervision. I further understand that partial completion of training must be reported to the Department for the apprentice to receive credit should the apprentice wish to change sponsors and continue training.

I understand that as the sponsor I may terminate sponsorship of this colonic irrigation apprenticeship once commenced and that I am obligated to report the termination of apprenticeship training to the Department within 30 days.

I understand that this apprenticeship may be terminated if disciplinary action is taken against my license, the license of the qualified massage establishment, or the license of the colonic irrigation apprentice. The answers provided in this section are true and correct, and I have answered them completely, without reservation of any kind.

Sponsor Signature: _____

Date: _____