



# Application for Colonic Irrigation Certification

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

Web: [www.floridasmassagetherapy.gov](http://www.floridasmassagetherapy.gov)  
E-mail: [info@floridasmassagetherapy.gov](mailto:info@floridasmassagetherapy.gov)

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

## APPLICATION FEES: Colonic Irrigation Certification (X-3012)

**Application Fee: \$50.00**

*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."

## NAME AND LICENSE NUMBER

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

**Please provide your name and license number.**

**Licensee 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.*

## 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 training.*

*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.*

**I completed (check one):**

- a colonic irrigation apprenticeship in Florida.
- a course of study in colonic irrigation at a Florida Board approved massage school or an equivalent course of study with an approved provider or school in another state.

***If you did not select "a colonic irrigation apprenticeship in Florida," please provide the following:***

**School Attended:** \_\_\_\_\_ **State:** \_\_\_\_ **Completion Date:** \_\_\_\_\_

**Request proof of completion of a course of study in colonic irrigation (i.e. transcript).**

***You will need to request this documentation from your 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.***

***Proof of completion should be mailed to:***

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



Name: \_\_\_\_\_

## EXAM 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 for Colon Hydrotherapy Examination (NBCHT).

Additional information about the NBCHT examination can be found on the web at [www.nbcht.org](http://www.nbcht.org). If you have additional questions about the examination the NBCHT can be also be reached by phone at (210) 308-8288.

Please select one of the following:

- 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.

**Review the information below:**

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 should be submitted to the NBCHT directly. The NBCHT will verify candidate eligibility with the Board once they have received and processed your authorization.

**Do not submit your NBCHT authorization or fees for the examination to the Board office; they cannot be submitted 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.

**Review the information below:**

If you are still authorized to test, you may resubmit the form and required fees directly to the 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; they cannot be submitted 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.**

## ATTESTATION AND SIGNATURE

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

Should I furnish any 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 hereby acknowledge that practice as a licensed Massage Therapist and certification to practice colonic irrigation in Florida is governed by Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_