



Application for Colonic Irrigation Apprenticeship

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

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

