

Application for Colonic Irrigation Apprenticeship

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

Web: <u>www.floridasmassagetherapy.gov</u> E-mail: <u>info@floridasmassagetherapy.gov</u>

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 A	ND LICENSE NUMBER	R				
A person completing apprentic Florida Administrative Code.	ceship training in colonic irrig	ation must be a	licensed massag	e therapist, pursuant	to 64B7-29.001(2),	
Apprentice Name:						
F	First	Middle		Last		
License Number: MA _						
EMAIL NOTIFICATION						
If you want to be notified of the about your application will be swith the Board office.						
	I want to be notified	by email:	□ Yes	□ No		
E-Mail Add	lress:					
	addresses are public records. ovide an email address or sen					
ATTESTATION AND SI	GNATURE					
I have reviewed the requirement qualified massage establishin understand that my license m	ents for completing a colonic ment under the direct super	vision of my sp	onsor and must	be completed within	one year. I further	
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.						
	requires authorization from	•		•	•	

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

Colonic Irrigation Apprentice Name:	
Part B: Q	ualified Massage Establishment; Sponsorship
QUALIFIED MASSAGE ESTABLI	SHMENT – ATTESTATION AND SIGNATURE
	e licensed pursuant to 480.043, Florida Statutes, must meet the requirements of 64B7-26, equipped for training pursuant to 64B7-29.007(2), F.A.C.
The qualified massage establishment will irrigation apprenticeship.	be inspected for compliance with these requirements prior to the authorization of colonic
Establishment Name:	License Number: MM
I am the (check all that apply):	☐ Establishment Owner☐ Designated Establishment Manager (MA)
I am authorized by the establishment name	ed below to allow apprenticeship training.
understand that the colonic irrigation appr been issued by the Department. I further apprenticeship training is commenced with I understand that this apprenticeship may I the sponsor, or the license of the colonic in	entice may not commence apprenticeship training in this establishment until approval has understand that my license or this establishment license may be subject to discipline i out approval by the Department. Determinated if disciplinary action is taken against this establishment license, the license or origation apprentice. The answers I have provided in this section are true and correct, and
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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:	