

## Application Form for Colon Hydrotherapy Training for MDs, NDs and Registered Nurses

Return by Fax to +1(604) 929 7142 or email to [tinesja@colonhydrotherapyschool.com](mailto:tinesja@colonhydrotherapyschool.com)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Course Dates: \_\_\_\_\_

### ***Prerequisites Check List:***

✓ Check when completed

### **To be sent with your completed application Form:**

- Your resume with proof (copies) of your complete educational background such as degrees, diplomas, certificates, apprenticeships, seminars completed as well as practical experience. Please include the name and address of the medical/nursing school(s) you attended and where you got certified. Please ensure you include exact dates in your resume.
- A short paragraph stating why you are interested in including Colon Hydrotherapy in your practice.
- A copy of your current CPR card.

### ***Reminder***

**Please note: all applicants must be in good general physical & mental health**

*I understand and accept the above prerequisites and understand that my registration in this course is pending proof of meeting these prerequisites. I confirm that all of the information I provide to Prime Vitality is accurate and correct.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_