

Application for Colonic Irrigation Apprenticeship



Board of Massage Therapy
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: <https://floridasmassagetherapy.gov/>
Email: info@floridasmassagetherapy.gov
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Do Not Write in this Space
For Revenue Receiving Only

Colonic Irrigation Apprentice (3010)- \$100.00 (non-refundable)

Applications received without fees will not be processed. Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. Requests to withdraw must be made in writing.

Part A- Apprentice Information

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

1. APPRENTICE PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Florida Massage Therapist License #: MA _____

Has your address changed? Section (s.) 456.035, Florida Statutes, requires you to notify the department in writing of any changes in your mailing address and place of practice. Visit www.flhealthsource.gov for additional information on how to update your address.

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email 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 the office by phone or in writing.

2. APPLICANT STATEMENT 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 of the department.

I understand that my apprenticeship is governed by chapters (ch.) 456 and 480, Florida Statutes, and Rule Title 64B7, F.A.C., that I am under continuing obligation to comply with ch. 456 and 480, Florida Statutes, and Rule Title 64B7, F.A.C.

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.

Applicant Signature _____ Date _____
MM/DD/YYYY

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

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

Apprentice Name: _____

Part B: Establishment and Sponsor Information

1. QUALIFIED MESSAGE ESTABLISHMENT STATEMENT AND SIGNATURE

A qualified massage establishment must be licensed pursuant to section 480.043, Florida Statutes, must meet the requirements of Rule 64B7-26, Florida Administrative Code (F.A.C.), and must be equipped for training pursuant to Rule 64B7-29.007(2), F.A.C. The qualified establishment will be inspected for compliance with these requirements prior to authorization of colonic irrigation apprenticeship.

Establishment Name: _____ Florida Establishment License #: MM _____

I am the (check all that apply):

<input type="checkbox"/>	Establishment Owner
<input type="checkbox"/>	Designated Establishment Manager: MA _____

I am authorized by the establishment named above 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: _____

Signature: _____ Date _____
MM/DD/YYYY

2. SPONSORSHIP STATEMENT AND SIGNATURE

Colonic irrigation apprentice sponsorship means assumption of responsibility to provide training pursuant to Rule 64B7-29.007, Florida Administrative Code (F.A.C.) 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 colonic irrigation for at least three years.

Sponsor Name: _____
First Middle Last/Surname

Florida Massage Therapist License #: 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 (ch.) 456 and 480, Florida Statutes, and Rule Title 64B7, F.A.C., and that I am under continuing obligation to comply with ch. 456 and 480, Florida Statutes, 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 this apprenticeship may be terminated if disciplinary action is taken against my license, the license of the qualified 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 _____
MM/DD/YYYY