

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