

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: (m/d/yr. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Fill out, sign, date and submit this form to C-ACT via email or mail.
- Include a current CV/Resume if applying as a volunteer (attach to this document)

**Please answer the following questions (check applicable):**

1. Are you currently working as a Colon Therapist Practitioner? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, how long have you been practitioner? \_\_\_\_\_ (years) \_\_\_\_\_ (months)  
 Are you a colon hydrotherapy business owner? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, what is the name of your business \_\_\_\_\_  
 Business address if different from above address: \_\_\_\_\_  
 Did you complete a Colonic certification program? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, list name of school \_\_\_\_\_ Year Completed \_\_\_\_\_
  
2. What type of colon hydrotherapy equipment do you own or use? \_\_\_\_\_
  
3. Do you have First Aid or CPR training: YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please indicate the name of the school \_\_\_\_\_  
 If yes, please indicate date course completed: \_\_\_\_\_
  
4. Do you have any experience in any not-for-profit organizations? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please list \_\_\_\_\_  
 What was your role there? \_\_\_\_\_
  
5. Do you have any training on any other alternative health modalities? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please list the modality \_\_\_\_\_  
 If yes, please list name of school \_\_\_\_\_  
 If yes, please list date course completed \_\_\_\_\_

