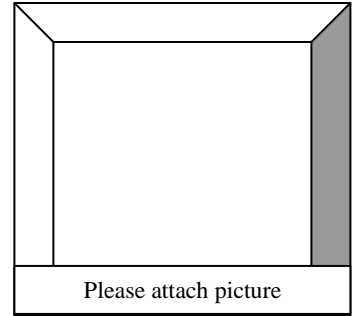


The Chicago School of Colon Hydrotherapy
11701 South Bell Ave Chicago, Illinois 60643
312-473-8029 email: colonicsschool@gmail.com



Application for Admission and Questionnaire
Foundation course for Colon Hydrotherapy

I-ACT 100 hour course tuition is \$ 3000.00. Please complete and sign all material and return with the application fee of \$500; \$100.00 of this fee is non-refundable. All monies received are deposits on the tuition. Please attach a current picture (You must be at least 18 years of age to apply)

Personal Information: Please print using black ink

Last Name	First Name	Middle Initial	Date of Birth	Age
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Street Address	City	State/Province	Country	Zip code
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Home Phone	Work Phone	Cell Phone
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Email address	Social Security Number
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Visa Status

Are you a US Citizen? Yes No

If No, what is your immigration status? _____

Immigrant Visa Number	Student Visa Number	Other
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Emergency Contact

Name	Relationship	Phone
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Address

Education

Please list the high school, college, healing arts or health profession and colon hydrotherapy institutions you have attended and certifications and or degrees awarded.

Please submit copies of GED, Abilities Test result, Degrees or Certifications.

Please state name if different on school record:

School Name	City/State	Dates Attended/Graduated	Degree
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Employment: Please list work experience.

Name of Business/Employer	Address	City/State	From/To
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Character Reference: (Name, Phone, Relationship)

List 3 references, someone not related to you, that has known you for at least 3 years.

Please Print Name to appear on Certificate of Completion

Questionnaire

(Please provide an explanation for every “Yes” answer on a separate sheet of paper)

- Have you ever been convicted of a felony or misdemeanor other than a traffic offense? Yes No
 - Have you ever had a professional license revoked? Yes No
 - Have you ever had treatment for a mental or emotional illness? Yes No
 - Have you ever been treated for any medical or physical conditions other than colds or minor injuries in the last five years? Yes No
 - Are you a habitual user of drugs including alcohol? Yes No
 - Do you have a medical condition that requires you to take medications daily?
Yes No
 - Do you have any environmental sensitivities or allergies? Yes No
 - Do you have any physical limitations and/or any special learning needs/challenges that are likely to be an obstacle to your participation in the training? Yes No
 - Does your doctor release you to participate in the Colon Hydrotherapy program and treatments? Yes No
 - Is there any thing you would like us to know about you that has not been asked?
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Note: Graduation Day is scheduled at the completion of the course you are enrolled in. All required client sessions must be completed by this time. Any prerequisite courses, certificates and homework are due by Graduation Day.

Dorothy Chandler, Director

Dr. Milton Chandler, Co-Director