

APPLICATION

INTERNATIONAL SCHOOL for COLON HYDROTHERAPY, Inc.

13878 Oleander Avenue Juno Beach, FL 33408

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info@cathysheaschool.com

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____

FAX _____ CELL _____ EMAIL _____

CURRENT PROFESSION _____

HOW LONG? _____ PREVIOUSLY? _____

LIST ALL EDUCATIONAL DEGREES EARNED _____

LICENSE NUMBER if applicable and specialty _____

SOCIAL SECURITY NUMBER _____ D.O.B. _____

In order to have some idea of your learning style, please answer the following questions to the best of your ability so we may serve you best:

1. Do you absorb information better as a reader or a listener or by experience?
2. Does writing notes immediately make it easier to remember ideas?
3. Are you a loner or do you work better as part of a team?
4. Are you best in a structured, predictable environment?
5. Do you exercise? Please describe.

6. Do you consider yourself to be a patient person?
7. Do you practice a contemplative discipline? If so, describe.
8. Have you ever had any colon hydro treatments? When and why?
9. Was it a closed system with disposable tubing?
10. Do you have a background in ANATOMY & PHYSIOLOGY? WHEN?
11. Are you free to take a week off and travel to Florida for the course?
12. Are you under the care of a doctor or health professional? If yes, explain.
13. Do you have a medical condition that requires you to take prescription medications daily? If so, explain.
14. What is the best time of day to reach you?
15. Please list your 3 top strengths:
 - 1.
 - 2.
 - 3.
16. List 3 areas where you want to improve:
 - 1.
 - 2.
 - 3.
17. Have you ever been convicted of a misdemeanor or felony? If yes, explain:
18. What health related books have you read?
19. Describe your relationship with food.

20. What is your personal mission?

21. Explain any treatment for mental or emotional challenges. When, medications, etc

22. Please write a paragraph about why you are interested in this program.

23. COURSE DATE REQUESTED: _____

CANCELLATION POLICY: If applicant cancels after paying any money to ISCHT, Inc., they have the right to transfer to another course date within 12 months of application. ISCHT, Inc. reserves the right to retain all tuition payments. WE MUST HAVE A 45 DAY NOTICE FOR THE APPLICANT TO TRANSFER TO ANOTHER COURSE DATE. ANY TRANSFER OF LESS THAN 45 DAYS IS SUBJECT TO A \$1000 FEE.

By signing this form, I understand and agree to the following:

- 1. I have read and fully understand the Cancellation Policy. ISCHT, Inc. has my permission to perform a background check on me. I submit the required MEDICAL RELEASE from my doctor confirming that it is safe for me to participate in colon hydrotherapy treatments. I understand that entrance to and dismissal from this program may be based on objective and subjective criteria.**
- 2. All course lectures and materials will be delivered in English. If English is not your primary language, you may be required to bring a translator at your expense.**

SIGNATURE OF APPLICANT

DATE