



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

**Department of Health
Board of Massage Therapy
Application for Colonic Certification**

GENERAL INFORMATION

In order to qualify for certification in colonics, you must hold a valid Florida Massage Therapy License or currently be in the process of obtaining licensure as a Massage Therapist in Florida (your application must be on file with our office).

Testing centers specifically designated for Department of Health candidates will be located in the following cities: **Miami, West Palm Beach, Tampa, Orlando and Jacksonville.**

Nationwide testing sites are also available in approximately 25 states. Please visit PSI's website at www.psiexams.com and use the "Locate Test Center" map feature to identify the testing site(s) nearest to you.

Where to send the application: The original application accompanied by the applicable fee should be addressed to the following:

Department of Health
Payment Management
P.O. Box 6330
Tallahassee, FL 32399-6330

Use of the above address will ensure receipt of the application and fee(s).

Where to send any additional documentation: Any additional documentation, sent either by the applicant or by any other source on your behalf, should be mailed to the following address:

Department of Health
Board of Massage Therapy
4052 Bald Cypress Way, BIN C06
Tallahassee, FL 32399-3256

DOCUMENTATION REQUIRED

No application will be considered complete until the following supporting documentation has been received in the Board office:

- A completed application, with all questions answered. Failure to provide an answer to every question will result in the application being deemed incomplete.
- Examination or Re-exam Fee - **\$200.00** (\$150 testing service fee and \$50 application fee which is non-refundable). Please make your cashier's check or money order payable to Department of Health. Please note- you will also be required to pay a fee directly to the testing company at the time of scheduling the exam.
- One current photograph of the applicant
- An official transcript from a school approved by the Florida Board of Massage Therapy to offer a program in Colonics or completion of a Board Approved Colonics Apprenticeship program.



**Florida Department of Health
Board of Massage Therapy
4052 Bald Cypress Way, #C-06
Tallahassee, FL 32399-3256**

Application for Colonic Certification

| | | | |
|---|---------------------------|--|--------|
| 1. Name: | (First) | (Middle Initial) | (Last) |
| 2. Social Security Number (Required) | | | |
| 3. Mailing Address: | (Street number & Name) | | |
| | (City , State & Zip Code) | | |
| 4. Physical Address | (Street number & Name) | | |
| | (City , State & Zip Code) | | |
| 5. Phone Numbers: | (Home Phone Number) | | |
| | (Business Phone Number) | | |
| 6. Florida Massage Therapy License Number: | MA | | |
| *** If you are not currently licensed as a massage therapist, please list the date that you applied to become licensed as a massage therapist: | | | |
| 7. Colonics training was obtained from: _____ | | | |
| Dates Attended: _____ | | Total Number of Hours Completed: _____ | |
| Is this a Florida Board Approved School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. If you attended an Apprenticeship Program: | | | |
| Name of Sponsor: _____ | | Total Number of Hours in Colonics Training Completed: _____ | |
| <p>AFFIDAVIT OF APPLICATNT: I, _____ affirm that I am the person referred to in the foregoing colonics certification application, and that the attached photograph is a true likeness of myself.</p> <p>I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by Chapter 456.013(1), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.</p> <p>I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida in the profession for which I am applying. I have read, understand and agree to comply with the statutes and rules applicable to the practice of my profession in Florida.</p> <p>I understand the application fee is non-refundable.</p> | | | |
| Applicant Signature: _____ | | TAPE 2x2 | |
| Date Signed: _____ | | PHOTOGRAPH | |
| | | HERE | |