



## Colon Therapists Nursing Foundation Application

Which of the following classifications of applicants correspond to your situation?

1. \_\_\_ Level one: Physicians / Nurse Practitioners / Physician Assistants
2. \_\_\_ Level two: Registered Nurses
3. \_\_\_ Level three: Licensed Practical Nurses
4. \_\_\_ Level four: Certified Nursing Assistants
5. \_\_\_ Level five: Emergency Medical Technicians
6. \_\_\_ Level six: Student Nurses
7. \_\_\_ Level seven: Layperson

**IMPORTANT: Please enclose the following documents with your application.**

*Levels 1 – 5: Current proof of certification, education or licensure.*

*Level 6: Current transcript demonstrating applicant's completion of at least 2 semesters of Anatomy and Physiology with lab.*

Name to appear on Membership Certificate

\_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

### POST CERTIFICATION REFERRAL DIRECTORY

Would you like your name placed in our Referral Directory (MUST be a fully certified member, and you must be using currently FDA registered equipment)? \_\_\_ Yes \_\_\_ No

Would you like your name placed on the Internet (MUST be a fully certified member, and you must be using FDA registered equipment)? \_\_\_ Yes \_\_\_ No

I agree to list my name, business address and telephone number in the CTNF Referral Directory.

Sign here \_\_\_\_\_

NOTE: The Referral Directory will only list certified members who give permission for their names to be listed.

PAYMENT: All applicants must submit a \$495.00 (DOWNLOADABLE STUDY MATERIALS) \$620.00 for PRINTED MANUAL DELIVERED UPS. Fee to cover registration and certification manual. Any other questions please call 800-834-9945.

Enclosed is my payment of \$\_\_\_\_\_ by Check

MAIL TO:

**Colon Therapist Nursing Foundation**  
**174 Summit Ave., Suite 203**  
**Summit NJ 07901**

**Information for all new members:** Colon irrigation devices are prescription devices and their purchase and use must be authorized by a practitioner licensed to use such devices in that state.

\_\_\_\_\_ Signature of Applicant