



GPACT.org
*Global Professional Association
for Colon Therapy*

Certified Mentor Application

The following applies to me:

1. I am a GPACT ADVANCED Certified Colon Hydro Therapist Member who wishes to become a Certified Mentor.

My GPACT Membership number is; _____

2. I am currently or was previously an I-ACT or OTHER certified instructor/school. School's name, owner if other than yourself, address of school including country, Website, year(s) in operation Professional title(s) if any, Professional affiliations, Colonic equipment used. FDA/CE/Other Describe Equip/Qty _____
Name/Location of school _____

3. I am a practicing Colon Hydro Therapy Instructor teaching privately.

Y/N _____ Professional Organization Affiliation? Details _____

Describe your own training experience _____

Owner of school if other than self _____

Your School's name, address, including country, website /years of operation

Professional titles (s) if any, Professional affiliations, equipment

used, FDA/CE/other marked device(s) Y/N _____

Please be specific, adding another attached document should require more space.

We realize that there are extenuating circumstances, and that applicant will be judged on a case by case basis.

Certified Mentor Membership

Applicant type 1 must complete the following;

1. Ask your GPACT Mentor from your ADVANCED Program for a letter of recommendation including their Mentor Membership number. It should be signed and mailed directly to GPACT including your member number and name.

Applicant type 2 must complete the following;

1. Include copy of all certifications held in Colon Hydrotherapy, including your instructor certification.
2. Create 2 videos of two different Colonic Sessions that show all features including device preparation, complete colonic session, and hygiene practice for the cleaning of the device. If you used multiple system types, provide video of each.
3. Ask your Instructor from your last completed Program of Colon Hydro Therapy for a letter of recommendation. It should be signed and mailed directly to GPACT including your member number and name (if any).
* International members may allow their instructors/educational facilities to fax or email, but must be verifiable numbers/email addresses to the US GPACT office if there is no regional chapter for them.
Other requirements may apply, and will be judged on information / materials supplied.

Applicant type 3 must complete the following;

1. Include a copy of any certifications held of ANY TYPE. Depending on what certifications held, you may be required to complete a course that will include, but may not be limited to, Anatomy and Physiology, and direct training from one of our Mentors.
2. Create 2 videos of two different Colonic Sessions that show all features including device preparation, complete colonic session, and hygiene practice for the cleaning of the device. If you use multiple system types, provide video of each.
3. You may ask any students/clients for letters of recommendation to become a GPACT Mentor. It should be signed and mailed directly to GPACT. Include your Name and Member number (if any).
Other requirements may apply, and will be judged on information / materials supplied.

ALL APPLICANTS SHALL COMPLETE THE FOLLOWING;

1. Please explain why you want to become a Mentor.
1-3 paragraph essay minimum. Explain your experience in the industry, excellent communication skills etc.
2. Supply a code of practice. This is required in some countries to acquire insurance.
3. Considering the course overview below, create an outline each of the 6 days.
*Your students would have already completed their Milestone Certificate by this time.

Course Overview for The Certified Colon Hydro Therapist II

50 hours (6 consecutive intensive training days) practice including 25 treatments.

Program includes: Chi Centre Curriculum for the Study of Colon Hydro Therapy (184 pages), theory assignments and test before attending practicals. During the course students will review Anatomy and Physiology, special emphasis on the digestive system, common disorders of the bowel, medical history, indications, contra-indications, with 25 hands on practical hours in Colon Hydro Therapy. Client/patient intake, supplements for digestion, client/patient aftercare, business development, etc. Written test is taken and corrected for graduation by the Mentor. *Complete core competency requirements for each course will be detailed upon your acceptance.

Materials for the study of Colon Hydro Therapy

All Materials, course instructions will be provided on a "Pen Drive" mailed directly to the Educational Facility. Each year with renewal, you will receive updates to the curriculum. No materials may be used nor certifications granted to any Mentor/Educational Facility if they do not have current certification with GPACT.

Description in brief;

Your thumb drive materials include:

Customizable Welcome Letter explaining how to complete Milestone Theory course, and then the practical and final exam held at the educational facility.

"The ABC's of Digestive Health", a stand-alone workbook.

Additional handouts, charts etc.

Colon Hydro Therapist Certification Students

Chi Centre Colon Hydro Therapy Manual, 184 pages

Workbook

Assignments-Emailed (*once completed and graded, student would earn Milestone Certificate from said educational facility*).

Teacher's Notes

Intake Forms
Sample case history Forms
Bonus Materials

Graduate Colon Hydro Therapist Certification Students

Chi Centre Graduate Colon Hydro Therapy Manual, 211 pages

Workbook

Assignments-Emailed (once completed and graded, student would earn Milestone Certificate from said educational facility).

Bonus materials

You may formulate the Certification Programs to work within the following guidelines:

In regards to the Certified Colon Hydro Therapist level II program;

- 1. You must provide 50 hours of training (25 hrs being practicals) within 7 days. (following 100 hours of home study.)*
- 2. You must complete 10 hours of A& P review from Chi Curriculum and other sources.*
- 3. No more than 4 students per colonic device.*
- 4. Assitants name shall be submitted to GPACT including their certifications.*

In regards to the Graduate Certified Colon Hydro Therapist level III program:

- 1. You must provide 50 hours of training within 7 days. (following 40 hours of home study.)*
- 2. Supplemental materials will be given for instructional purposes.*

**MATERIALS PROVIDED by GPACT MAY VARY DEPENDING ON LOCATION TO COMPLY WITH ANY GOVERNMENTAL CONDITIONS.*

Additionally, all GPACT Educational Facilities shall offer a 10 hour/1 day course for competency for those who may be members of I-ACT or other certification body who already hold ADVANCED or greater certification(s) who wish to become an advanced member of GPACT. They would need to complete both home study programs before attending class.

The Global Professional Association for Colon Therapy

GENERAL MENTOR REQUIREMENTS/STIPULATIONS:

1. Must show proof of the use of disposable speculums/ rectal tubes (open system) and inlet and outlet water lines (closed system). Invoice/receipt of purchase required. Fax, email or mail a copy of your most recent invoice for the purchase of disposable speculums.
2. Photos of your location including yourself, exterior signage, exterior (storefront, doorway), reception area, all therapy rooms and bathrooms. Recent graduates are exempt temporarily, but are requested to submit data when you are ready to list your location on the GPACT therapist /location directory.
2. Must show proof of the use of registered equipment. (submit photo of you with your device(s).
USA- FDA registered, **UK- CE** Marked, if not CE marked, proof of **WRAS** compliance. **Australia-TGA** Therapeutic Goods Administration, **Health Canada - Canada**
3. **Other countries;** while most countries accept either FDA and or CE Marked devices, your home country may have their own governmental bodies that regulate medical equipment. With your application please indicate the country you are practicing in and the equipment that you use so that it may be verified with the appropriate governmental bodies. If in fact you are able to provide us with documentation to support your governments regulations, it would expedite the process.
4. No facility may have carpeted floors in therapy rooms or where that soiling may occur. All facilities must have washable non-slip flooring such as linoleum /vinyl, sealed timber (hardwood)/laminated, ceramic/stone non-slip tiles.
5. All therapists/ facilities must perform their due diligence to comply with any local, state or other governmental bodies to comply with ordinances/legislation that is in effect to maintain the health and safety of the general public their co-workers and business owners. It is not the responsibility of GPACT.
6. The use of a colonic device shall be represented for its uses as for its approved use according to FDA/CE, OTHER were applies.
7. Make no claims as to the use or benefits provided by your service or about the device other than those approved by the FDA/CE/local health and safety requirements or a combination of the above.
8. As any health care professional, it is in your best interest should carry malpractice/public liability insurance. Please call if you don't know where to get it. GPACT shall not be held responsible for any malpractice.

9. If a student fails their written test, they may re-test with a proctor later for a nominal fee.
10. If a student is deemed incompetent, the student will be allowed a choice of mentors for an independent re-evaluation. All of your test(s) results and instructors evaluations will be sent for independent review as an impartial body. 75% passing grade required.
11. If a student fails the written test (a score less than 75%, they may retake the test).
12. If they fail a second time, then they may receive tutorial at an additional cost, time to be determined by the instructor/school.
13. GPACT recognizes the FDA classified equipment used to instill water into the colon through a nozzle inserted into the rectum to evacuate the contents of the colon into three distinct classes; Class I (Enema Kits), Class II and Class III are (Colon Irrigation Systems). Follow the guidelines of your colonic device manufacturer, for the type of device(s) you are using. CE and others have different classifications.
14. Insertion of rectal tube/speculum is to follow the instruction of the referring physician; the guidelines of the manufacturer as approved by the FDA/CE; or the directives from the authority of your city, county, state, or country ordinances where applicable.
15. GPACT Members shall NOT make claims in any way, written or orally which state or imply that colon hydrotherapy can treat any disease, promise a cure for any disease, or that makes any unsubstantiated medical claims.
16. All Materials provided are licensed to the applicant, renewable annually. Any use other than within the licensed time frame given and for any other purpose is forbidden and punishable by law.
17. All Mentors shall represent all colonic systems in a fair and objective way.
18. All Mentors shall represent GPACT and the Profession of Colon Hydro Therapy with the highest level of respect and esteem.
19. Terms and conditions may change without notice.

By signing below, I understand and agree to comply with the regulations stipulated above.

PrintName _____

Please complete as you would wish your Certificate and Member Directory on GPACT.org to look.

Applicant's full name:

Name of School owned or where employed _____

Personal Address _____

School you graduated from or place where certification was obtained.

Location of Practice /Business _____

Phone/Fax _____

Enhanced listing \$10 per month

Email your business email address _____

Web address for GPACT Therapist Directory _____

MapQuest added to your listing, Bold Font, Colored text, coupon options, 2 photos of you/facility and more.

** Please read all requirements and fees for GPACT members

Full Mailing Address where you would like your GPACT materials delivered

Please initial.

___ I have read, understand and agree to the terms and conditions of application listed below.

By signing below, I agree that GPACT may charge my credit card for the amount below. I understand that does not guarantee my acceptance: 75% of the fee will be refunded if not accepted.

Mentor Membership cost \$ _____ \$150.00 USD

Enhanced listing \$10 monthly or \$100 pre-paid year _____ \$ _____ USD

Total cost to be charged to card _____ \$ _____ USD

Printed name _____

I authorize the charge of my credit card for \$ _____ for GPACT Mentor Certification application. I understand that if I am unable to meet the stipulated requirements I will not receive a full refund but will receive 75% refund. (Should you have any questions, please call or email questions prior to submitting your application.)

Credit Card number _____

Expiration Date _____ Security Code _____

Billing address if different from address listed above

***This form can be filled out online, faxed, mailed or emailed.
Please be sure to send your supporting documents so we can complete your application promptly.***

You will be issued a member number that must be referenced during correspondence once it has been issued

The Global Association for Colon Therapy

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