



The Global Professional Association for Colon Therapy

Colon Hydro-Therapy Educational Facility Application

*The GPACT Curriculum is written for and authorized exclusively for use in instruction of "Closed System" Colon Hydro-Therapy only.

I am a GPACT Member _____ Mentor _____ Facility _____

My GPACT Membership number is; _____

I Own _____ Manage _____ Other _____ a facility that offers Colon-Hydro Therapy.

Type of facility (Spa, Clinic etc) _____

Is it currently registered with any Organization? _____ Who? _____

Are Colon Therapist(s) on staff Certified by GPACT? Y/N _____

by any other Organization? _____

Name(s) of current Colon Therapist(s) _____

Your Facility's name, address including country _____

Website / email address _____

How long have you been in operation? _____

Professional title(s) if any, _____

Professional affiliations, _____

Is all equipment used, an FDA/CE/other marked device(s)? Y/N _____

If NO, explain _____

GPACT EDUCATIONAL FACILITY REQUIREMENTS & STIPULATIONS

It is the intention of GPACT to bring to our organization, and our profession, the respect and dignity it rightfully deserves. In order to insure that your membership with GPACT carries the highest respect, GPACT has set up stringent guidelines for its and learning facilities.

THIS WILL ASSURE THAT THE CERTIFICATE ON YOUR WALL MEANS:
YOU HAVE ACHIEVED THE HIGHEST STANDARDS ATTAINABLE

To insure this, we require that every applicant submit the following supporting documents and **Please initial as you read to show you understand and acknowledge.**

_____ I understand that I/students may take exams at GPACT events or have the exams proctored at local GPACT schools or other sources. Proctors may charge a fee for exams.

_____ In the event a student fails their written test, (A score less than 75%) they may be allowed to re-test with a proctor. If necessary, a student may be given a choice of mentors for an independent re-evaluation.

_____ If a student fails their written test; they may have their test proctored later at their own cost, to attempt program graduation and or certification. If a student is deemed incompetent, the student will be given a choice of mentors for an independent re-evaluation.

_____ If they fail a second time, then they may receive tutorial at an additional cost, time to be determined by the Mentor/Educational Facility.

_____ 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.

_____ All training program costs are up to the sole discretion of the Mentor / Educational Facility, but are suggested to be on par with other like businesses.

_____ ** You 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. You may fax, email or mail a copy of your most recent invoice for the purchase of "disposables".

_____ ** Supporting documents will be attached with the application. - Your Educational Facility license, and the location of your facility, for the GPACT directory online.

_____ **Provide photos of your location including, exterior, reception area, all class / therapy rooms and bathrooms.

_____ ****It is not the responsibility of GPACT to inform you of your local laws and regulations.**

_____**Must show proof of the use of registered equipment. (photo and serial number of Colonic device(s). Must be; USA- FDA registered, UK- CE Marked, if not CE marked, proof of WRAS compliance, Australia-TGA Therapeutic Goods Administration, Health Canada - Canada. 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, by chance, you are able to provide us with documentation stating your governments regulations, it would expedite the process.

_____** No facility may have carpeted floors in therapy rooms or anywhere soiling may occur. All facilities must have wash-able non-slip flooring such as lino/vinyl, sealed timber (hardwood)/laminated, ceramic/stone non-slip tiles. **Attach supporting photos **Failure to comply will cause you to loose your GPECT Education Facility Certification.**

_____**All therapists/ facilities must perform their due diligence to comply with any local, state or other governmental bodies' ordinances/legislation that are in effect to maintain the health and safety of the general public their co-workers. It is not the responsibility of GPECT to inform you of your local laws and regulations.

_____** According to FDA/CE,& OTHERS-- The use of a colonic device shall only be represented for its approved use. 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.

_____** As a health care Educational Facility, we require you to carry malpractice / liability insurance and to provide us with proof.. Please contact us for help if you do not know where to get insurance.

_____**GPECT recognizes the FDA/CE 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.

_____** In some States and Regions, insertion of rectal tube/speculum requires the instruction or supervision of a referring physician. Send a copy of your local government's requirements.

_____** In compliance with the FDA regulations, GPECT Education Facilities shall NOT in any way, make claims written or orally, to their students, which state or imply that colon hydrotherapy can; treat any disease; promise a cure for any disease; or that makes any unsubstantiated medical claims.

Doing so may cause you to loose your GPECT Certification.

_____ ** The following pertains to the USA ONLY section below.

Individuals seeking a therapist outside of Texas:

Colon irrigation devices are prescription devices and must be supervised and each procedure ordered by a practitioner licensed in a state to use such prescription devices.”;

Individuals seeking a therapist inside of Texas:

“Colon irrigation devices are prescription devices and must be supervised and each procedure ordered by a physician licensed by the Texas Board of Medical Examiners.”;

Individuals seeking membership outside of Texas:

“Colon irrigation devices are prescription devices and their purchase must be authorized by a practitioner licensed by state law to use such devices in that state. A colon hydrotherapist must be supervised by such a practitioner to use a colon irrigation device and must have a written order on file for each procedure from a practitioner licensed by state law in the state where the procedure is to be performed.” ;

Individuals seeking membership inside of Texas:

“Colon irrigation devices are prescription devices and their purchase must be authorized by a physician licensed by the Texas Board of Medical Examiners. A colon hydrotherapist must be supervised by such a physician to use a colon irrigation device and must have a written order on file for each procedure from a physician licensed by the Texas Board of Medical Examiners.” ;

By signing below, I acknowledge that I am the owner of the educational facility and that I understand, and agree to comply with, the regulations and stipulations stated above.

Print Name _____

Signature _____ Date _____

Level of Certification & Organization _____

Please PRINT CLEARLY exactly how you wish your certificate, and Directory listing on GPACT.org to appear.

Facility’s name, _____

address, _____

phone # (s) _____

web / email addresses _____

**Mailing Address where you would like your GPACT materials delivered if different from facility address.

Questions or Comments? _____

