



The Global Professional Association for Colon Therapy

## Recognized Professional Colon Hydro-Therapy Facility Application

I am a GPACT Member  Yes  No

Facility Renewal  Yes  No

If YES, what is your GPACT Membership level and number? \_\_\_\_\_

Name of the facility that offers Colon Hydro-Therapy \_\_\_\_\_

I am the: Owner \_\_\_\_\_ Manager \_\_\_\_\_ Other authorized \_\_\_\_\_

Type of facility (Spa, Clinic, etc.) \_\_\_\_\_

Quantity of Colon Hydro-Therapy Rooms\* \_\_\_\_\_ \* Provide photos of each room and device(s)

Type of colonic equipment in each room \_\_\_\_\_

Is all equipment used, an FDA/CE/other marked device(s)?  Yes  No

If NO, explain \_\_\_\_\_

Is the facility currently registered with any organization?  Yes  No

If YES, who? \_\_\_\_\_

Are the Colon Therapist(s) on staff certified by GPACT?  Yes  No

If NO, are they certified by any other organization(s)?  Yes  No Who? \_\_\_\_\_

Name(s) of current Colon Therapist(s) \_\_\_\_\_

Facility's address including country \_\_\_\_\_

Website: \_\_\_\_\_

Email address: \_\_\_\_\_

How long have you been in operation? \_\_\_\_\_

Professional title(s) if any: \_\_\_\_\_

Professional affiliations: \_\_\_\_\_

# GPACT's 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 it and its recognized 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.**

\_\_\_\_\_ \*\* Provide photos of your location's therapy room(s).

\_\_\_\_\_ \*\*Provide 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 government's 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

\_\_\_\_\_ \*\*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 GPACT to inform you of your local laws and regulations.

\_\_\_\_\_ \*\* According to FDA, CE, and 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 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.

\_\_\_\_\_ \*\*GPACT 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, GPACT facilities shall NOT in any way, make claims written or orally, to their clients, which state or imply that colon hydrotherapy can; treat any disease; promise a cure for any disease; or make any unsubstantiated medical claims.

**Doing so may cause you to lose your GPACT 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 facility and that I understand, and agree to comply with, the regulations and stipulations stated above.*

Printed Name: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Level of Certification & Organization: \_\_\_\_\_

Please PRINT CLEARLY exactly how you wish your information to be printed on your GPACT certificate and on the GPACT.org's Directory listing.

Facility's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Website address \_\_\_\_\_

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

\_\_\_\_\_  
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Questions or Comments? \_\_\_\_\_

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**Global Professional Association of Colon Therapy**

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[www.gpact.org](http://www.gpact.org)  
[membership@gpact.org](mailto:membership@gpact.org)  
001.541.450.5688 P  
001.541.550.2063 F  
SKYPE ID gpact.org  
Facebook –gpact.org



## ORDER PAGE

This form can be submitted online, faxed, mailed, or e-mailed. Please be sure that you have included all your supporting documents and photos so we can process your complete application promptly.

**Facility Membership** \_\_\_\_\_ **\$50 (USD)/annually**

Please note: If you are unable to meet the stipulated requirements, you will not receive a full refund but will receive a 75% refund. (Should you have any questions, please call, or email your questions prior to submitting your application.)

### Payment Method and Other Information

Once your application is received and processed, we will process the payment as per the method you select here. Please check your preferred method of payment:

Wire transfer     Check     Cashier's check     PayPal\*     Credit card \*

\* PayPal OR Credit Card payments will be charged an additional 3% of total due.

### For PayPal or credit card payments:

By complete the following; you are authorizing GPACT to charge your card for \$51.50 for the facility membership dues and the 3% service charge:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized to use \_\_\_\_\_

Billing address if different from address listed above \_\_\_\_\_

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### Receiving your Certificate

Once payment is received, we will mail you your GPACT certificate and a GPACT logo embroidered patch. Your member number will be on your certificate. Please reference during correspondence once it has been issued. Certificates will be sent USPS unless otherwise requested for an additional fee.