

Applicant's Full Name _____

The Global Professional Association for Colon Therapy Association Application

Therapist Certification Requirements



Prerequisites

The following are required for ALL Professional Membership Certification for Colon Hydro-therapists:

1. High school diploma, GED, or equivalent
2. Postsecondary education level Anatomy & Physiology (equivalent to three (3) semester hours)
3. Current CPR Certification
4. Transcript of or other bone fide evidence of professional Colon Hydro-Therapy training

36 Round Tree Drive,
Rossville, GA 30741,
U.S.A.
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F: 706-820-6234
pcobb@gpact.org
www.gpact.org

Bringing Real Benefits to GPACT Members

It is the intention of GPACT to bring professionalism to our industry with the respect and dignity it deserves. GPACT honors those that pursue similar goals and have completed training to reflect that. GPACT's membership gives you the following benefits: Networking and Collaboration, Advocacy, Classifieds, Education, Discounts, Marketing, Clinical Studies, and International Chapters. We are continuously offering new options and opportunities to our members.

GPACT Standards (Pillars of Excellence and Safety)

Members are provided with the following support to help ensure public safety:

- Official Contraindications documents written by Gastroenterologists
- Comprehensive Operating Protocols and Standards: includes safety, hygiene, and maintenance protocols along with emergency procedures

GPACT stands alone as the first and only association to create a curriculum and educational program for the indicated use of colon hydro-therapy according to the U.S. F.D.A.'s Code of Federal Regulation Sec. 876.5220. *(b) Classification. (1) Class II (performance standards) when the device is intended for colon cleansing when medically indicated, such as before radiological or endoscopic examinations.*

GPACT requires its members to:

- Use only disposable single use speculums, nozzles, and tubing
- Use professional colon hydro-therapy equipment that has been cleared/approved for legal use in its location
- (i.e., F.D.A. Class II cleared*, C.E., T.G.A., Health Canada, etc.)
- Respect and comply with client/patient privacy requirements and standards, regardless of the member's location, by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Review the contraindications for colon hydro-therapy prior to conducting any therapy.
- Maintain malpractice and general liability insurance policy(s).
- Provide proof of the completion of professional continuing education annually with renewal.
- Not diagnose or otherwise work in any way that may be considered practicing medicine unless they are licensed to do so

Application Instructions

You can type into this application document or you can print it out. You may **submit** your complete application with supporting documentation and photos via: **Postal mail** to 36 Round Tree Drive, Rossville, GA 30741 U.S.A.; **Email** to pcobb@gpact.org.

If you have questions or concerns about the prerequisites or completing this application, please contact us. Some of your questions may be answered by visiting: http://www.gpact.org/membership_info.php Once your application is approved, we will send you a PayPal Invoice for your membership dues payment unless you select another method in the payment section. PLEASE NOTE: Submitting your membership application without the required supporting documents, photos, initials, and signature, will delay your membership approval. Delays in payment will delay your listing on the GPACT websites membership directory.

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Check one of the following membership certification levels that best fits your circumstances. Renewals are \$75 (USD).
Membership expires 12 months from the date you join and renewable 365 days from date of acceptance.

Foundation _____ \$150 (USD)

The Foundation level is for those newly trained professional colon hydro-therapists or for those therapists whom have not had more than basic training.

Advanced _____ \$150 (USD)

The Advanced level is for those professional colon hydro-therapists whom have been fully certified by GPACT at the Foundation or Intermediate Level for a minimum of 1 year and have successfully completed the Advanced training.

Instructor* _____ \$150 (USD)

NOTE: If you are currently an I-ACT certified instructor, you may not select this option.

The Instructor level is for those professional colon hydro-therapists whom have been fully certified by GPACT at the Advanced Level for a minimum of 1 year and have successfully completed the Instructor training.

Clinical Colon Hydro-Therapy* _____ \$150 (USD)

A GPACT Exclusive Certification

The Clinical Colon Hydro-therapy level is available for those professional colon hydro-therapists whom have been fully certified by GPACT at the Foundation Level or higher for a minimum of 2 years of experience and have successfully completed the Clinical Colon Hydro-Therapy course.

If you earned this level before Anatomy and Physiology (A&P) was a requirement, you must complete A&P to be recertified at this level.

Clinical Hydro-Therapy Instructor * _____ \$150 (USD)

A GPACT Exclusive Certification

The Clinical Colon Hydro-Therapy Instructor level is available for those professional colon hydro-therapists whom want to teach the Clinical Hydro-Therapy Course. The requirements for this:

1. Provide proof of your completion of Clinical Colon Hydro-Therapy course
2. Provide proof of your working with Gastroenterologist doctor(s) that you regularly providing colonoscopy preps
3. You must use approved Colonoscopy Protocol(s)
4. Letter of recommendation from Gastroenterologist doctor(s)
5. Students must be able to observe live colonoscopies procedures on the patients they prepped.

* If you are therefore eligible, please email us with details to be considered for this prestigious Instructor level.

APPLICATION

Where did you receive your colon hydro-therapy training?

List most recent first. If you need more room, please attach on another sheet.

Educational Facility	Instructor's Name	Completion Date	Course Title

Where did you receive your other degrees and certifications?

Educational Facility	Completion Date	Certificate or Degree Title

Applicant's Full Name _____

Have you been convicted of fraudulent, immoral, sexual, or other unethical misconduct?

If yes, please describe. _____

GENERAL MEMBERSHIP REQUIREMENTS AND STIPULATIONS:

It is the intention of GPACT to bring professionalism to our association and our profession the respect, dignity it deserves. GPACT honors those whom pursue similar goals and have completed training to reflect that.

In order to insure that your membership with GPACT carries the highest respect and that the certificate on your wall means, "You have achieved the highest standards attainable," GPACT has set up the Pillars of Global Standards of Excellence and Safety. **GPACT requires every applicant to:**

- **Submit the following supporting documents**
- and -
- **On the line provided, Initial ALL of the following requirements and stipulations indicating that you have read, understand, and agree to all the terms and conditions of application listed below.**

_____ **Prerequisites.** Provide proof of prerequisites items listed above

_____ **Certificate of Colon Hydro-Therapy.** Provide proof of having completed Colon Hydro-therapy training course from a GPACT approved education facility and/or Colon Hydro-Therapy trainer.

(See the GPACT.org website for the list of GPACT recognized training facilities.)

_____ **Resume.** Provide a current resume include any seminars, webinars, etc.

_____ **Education.** Submit proof of all related education include copies of all related degrees and certificates. GPACT is dedicated to continuing education

_____ **Photographs.** Submit photos of your facility including:

- therapy room(s) - One of each therapy room with close-up of equipment set-up
- bathroom(s)/restroom(s)
- waiting area
- exterior signage
- exterior (storefront, doorway)
- reception area
- Flooring –Must be washable non-slip such as linoleum, vinyl, sealed timber (hardwood), laminated, ceramic, stone, or non-slip tiles.
No facility may have carpeted floors in therapy rooms or where that soiling may occur.
- colonic devices – Submit photos of all equipment as we need to see each piece of approved equipment used to perform Colon Hydro-Therapy (FDA /CE, TGA, Health Canada marked)

*All **GPACT** Members are required to use equipment (colonic devices) approved by the members' local governing agencies. If none is available, the member will abide by the U.S.A.'s F.D.A. requirements.*

GPACT does their best to verify that your device meets the requirements of your countries health and safety regulations. (i.e., United States of America-FDA registered, United Kingdom-CE Marked or proof of WRAS compliance, Australia-TGA, Canada- Health Canada, etc.) While most countries accept either FDA and/or CE Marked devices, your home country may have their own governmental bodies that regulate equipment and procedures.

_____ **Governance.** Refers to any governmental agencies and regulations that are in effect to maintain the health and safety of the general public, the therapist, and their co-workers. *It is each member's responsibility to be informed and perform due diligence to comply with their own governments' requirements, ordinances, legislations, or regulations that are in effect to maintain the health and safety of the general public and their co-workers.* GPACT has a governance page on the GPACT web site. If you have something you feel would be of value to other members, GPACT would love you to share

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_____ links to your governments'.

_____ **Health Questionnaire (Patient/Client Intake Form).** Submit a blank copy of your intake form.

_____ **Malpractice/public liability insurance.** Provide proof that you carry malpractice/public liability insurance.

As a **GPACT** member - health care professional, we require this. If it provided by your employer, a copy is still required and a letter stating that you are covered in the policy from your employer.

_____ *If you are having trouble obtaining insurance, please contact us and we will help.*

_____ **Patient privacy rules of practice.** Visit this website: <http://www.hhs.gov/ocr/privacy/> Initial on the line provided to show that you have reviewed these and plan to research your local laws regarded privacy in the health care field.

_____ **Use of Disposables.** All GPACT Members are required to use single use disposable speculums, rectal tubes, or rectal nozzles. Provide a current copy of an **invoice** or receipt proving the purchase and use of disposable speculums for closed system and disposable rectal tubes/nozzles for open system.

_____ *Recent graduates are exempt temporarily, but are required to submit data upon employment.*

_____ **For Clinical Certification only.** 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.

Other Conditions – GPACT Policies

_____ These GPACT Terms and Conditions may change without notice.

_____ All GPACT Members are required to represent themselves and the Profession of Colon Hydro-Therapy with the highest level of respect and esteem.

_____ All GPACT Members are required to represent all approved (i.e., F.D.A. Class II cleared*, C.E., T.G.A., Health Canada, etc.)colonic systems in a fair and objective way.

_____ All GPACT Members are required to stay with their patient/client through the entire session.

_____ No GPACT Members shall make any claims, written or orally, which state or imply that the use of colon hydro-therapy has benefits such as can treat or cure a or make other unsubstantiated medical claims other than those approved by the your local health and safety requirements of agencies as mentioned in the governance section above.

_____ All GPACT Members are required to follow the instructions of the referring physician; the guidelines of the manufacturer as approved by the F.D.A/C.E., or the directives from the local governing agencies of your city, county, state, and/or country, where applicable. with regard to the insertion of disposable speculums, rectal tubes, or rectal nozzles.

_____ 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). CE has only Class I and Class II and the criteria a different.

Selling/purchasing a colonic device.

- _____ **GPACT (USA ONLY)** recognizes the F.D.A.'s classification which requires Class II Medical devices to be sold by prescription only on order of a licensed physician or other licensed health care practitioner.
- _____ **GPACT (NON-USA Members)** regulation(s) for Colon Hydro-Therapy (i.e., Colon Irrigation) may vary depending on your location, and are your sole responsibility to be aware of and comply with country/state/province government agencies etc.

_____ GPACT By-Laws and Standard Operating Procedures may change without notice; however, the current copy can be found on the GPACT website. All GPACT Members are required to comply with the information contained in them

_____ GPACT advises members to be aware that they alone must determine if you are legal allowed to use the initials C.H.T. for Colon Hydro-Therapist as part of your signature. In most case, if you are not licensed or have a degree from an accredited school, you should write out Colon Hydro-Therapist as part of your signature.

Disclaimer:

GPACT, its officers, directors, employees, and/or agents, shall not be held responsible and shall be held harmless, legally or otherwise, for any acts of its member.

Applicant's Full Name _____

By signing below,

I am stating that I have read the terms and conditions of this agreement, that I understand their meanings and requirements, and that I promise to uphold GPACT By-Laws and commit to comply with them. I understand that failure to comply with the policies listed above may result in a review of any possible misconduct and may potential result in suspension or removal from the association.

Printed Name: _____

Signature : _____

Date: _____

Membership Certificate and Website Directory Listing

The following information will be used to print your Membership Certificate and set-up or modify your online GPACT Website Member Directory Listing (Profile) on GPACT.org

Applicant's Name _____
First Middle initial Last name/Surname

Business name _____

Business Address _____
(Number, Street/Road/Circle/Avenue, Suite/Apartment)

City _____ State/Province _____

Zip/Postal code _____ Country _____

Business Address _____
(Number, Street/Road/Circle/Avenue, Suite/Apartment)

Business Telephone _____
Cell Office Home

Applicant's Public Email Address _____

Business Website _____

Handicap Accessible Facility Yes No Date of Birth _____

Type of Colonic equipment(s) used : CLOSED OPEN CLOSED GRAVITY (*Approved for legal use*)

Colonic Device(s) Manufacturer _____

Model _____ Approximate year of manufacture _____

Applicant's Full Name _____

Enhanced your GPACT Website Listing

Side-by-side comparison of the features of the Basic and Enhanced Listings on GPACT.org:	Basic	Enhanced
Upload an image (headshot)	X	X
Location (includes link to map when available)	X	X
Contact information lists your phone number, fax number, email address (with link), and web site address (with link)	X	X
Therapist's gender	X	X
Hours of Operation	X	X
Pricing	X	X
Years in Practice	X	X
Handicap Accessible	X	X
Types of Equipment Used	X	X
Member Profile – Provide as much detail about you.	X	X
<i>NOTE: Keyword search pulls data from here too</i>		
Professional Education	X	X
Ability to post Articles	X	X
Listings are displayed at the top of the "Locate a Therapist" search results page		X
Online appointment setting (Link directly to your online appointment book, if you have one)		X
Languages spoken – space to type the language(s) you speak including sign language		X
Awards and recognition – list any and all relevant honors received		X
Additional Therapies/Services Offered – Such as Massage, Nursing, Nutrition		X
About my Practice – Provide as much detail about your business to attract clients to you!		X
Upload Logo		X
Upload image of Facility		X
Add video – from YouTube such as an introduction to your spa etc. View therapy rooms		X
Special offers – space to enter coupon details		X

Enhanced Membership Listing _____ \$15/ month or \$159 (USD)/annually. See Package Deal

Customized GPACT Pillars of Excellence and Safety Certificate

We have created a beautiful certificate with GPACT's Standards of Excellence and Safety we can customize with your Membership Information. This certificate looks great framed and hung on the wall. We send you the hard copy via USPS and email an image for your website and other advertising needs.



GPACT Pillars Certificate _____ \$35 (USD)/annually. See Package Deal

Marketing opportunities

Do you have products, services, or good related to our industry that you would like to Marketing on the GPACT website or our other networking tools? Circle the items you want to purchase. Please Note: A run is one quarter (3 months).

Marketing Package Deal

Combines the 3 advertising opportunities listed below..... \$70 / run

Facebook opportunity

Post your advertisement on the GPACT's Closed Facebook group or we will do it for you. Email us your advertisement and create a document, it can also be saved to the Facebook Group's documents area for a run. GPACT Members pay \$20/run. Non-Members pay \$40/run (advertisement will be placed on your behalf)

Email Blasts opportunity

Reach over 2000 readers with your advertisement for help wanted, products or services you wish hydro-therapist to know about to include your email blast message. These messages are also posted on Twitter. GPACT Members pay \$40/run. Non-Member pricing (email will be sent on your behalf) \$60/run

Classified opportunity

This option reaches the therapist and the public over the internet through the GPACT.org website. You provide the text and images to include your advertising message. GPACT Members pay \$40/run (You can set up your Advertisement in the members' only area Non-Member pricing (advertisement will be placed on your behalf) \$60/run

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Order form

Sign me up! Place a mark next to the item you want to purchase.

If you are applying for more than one membership at once, bulk mailing can be used to save you money. Please inquire.

Combine GPACT Membership and Package Deal (annually)..... (Save \$178) [___] \$275/year
Gives you the Package Deal plus membership dues for \$75

Package Deal includes:

Reg Sale Savings

The [Pillars of Excellence and Safety Certificate](#)

- Your customized certificate presented in file versions for web *and* high quality print mailed to you for framing

By marking this box you personally agree and abide with The Pillars of Excellence and Safety, Global Standards Enacted by GPACT. This box must be marked you to be issued a Pillars Certificate.

* To read the Pillars, please see page 1 and 6. Also http://www.gpact.org/membership_info.php

\$35 \$25

[Enhanced Listing](#) on your GPACT Profile Webpage

- Ability to add video, more images, and more!

180 150

EndoNurse Article [Bowel Preps](#)

- 2 Official copies for framing

13 -

Facility GPACT Certification

- Customized certificate states your entire business is certified by GPACT.

50 25

Customized GPACT [Signature](#)

- Use this on your emails or your website. Requires submission of your company logo

25 -

\$303 \$200 \$103

GPACT Membership Dues (annually) [___] \$150/year

This grants you access to the GPACT.org Members only area where you can **download** for **free** the:

- GPACT Logo
- Intake form ~ *Do you want this in hard-copy (printed)?* Yes
- Contraindications ~ *Do you want this in hard-copy (printed)?* Yes
- Operating Protocols and Standards

Package Deal (Save \$103) [___] \$200/year

Marketing Package Deal [___] Member - \$70/run; [___] Non-Member - \$130/ run

Please note: All postings will be approved before going live.

Mark this box to acknowledge the marketing terms and conditions; otherwise, you will not be allowed to participate in these marketing opportunities.

Purchase Individual Items:

[] The Pillars of Excellence and Safety Certificate [___] \$35

By marking this box you personally agree and abide with The Pillars of Excellence and Safety, Global Standards Enacted by GPACT. This box must be marked you to be issued a Pillars Certificate.

[] Enhance Listing Web Profile [___] \$15 per month or [___] \$159 for a year (a \$21 Savings per year)

[] EndoNurse Article-2 official copies [___] \$13

[] Facility Certification [___] \$50

[] Form Customization [___] cost varies, inquiry required

[] Facebook Advertising opportunity..... [___] Member - \$20 / run; [___] Non-Member - \$40/ run

[] Email Blasts Advertising opportunity [___] Member - \$40/run; [___] Non-Member - \$60 /run

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Classified Advertising opportunity Member - 40/run; Non-Member - \$60/run

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Payment

Once your application is received, processed, and approved, we will send you a PayPal Invoice to the email you provided for the payment unless you select another method. Please check your preferred method of payment:

Credit card PayPal Check Money Order Western Union

If your order totals more than \$100, you may select to spread out the payments via the following payment options:

To be charged in: 3 payments of \$_____ to be spread out over 3 months (one payment now)
 2 payments of \$_____ to be spread out over 2 months (one payment now)
 1 payment of \$_____ due now

Payment option examples for a \$200 order:

If the total purchase = \$ 200.00

Choose your payment option.

To be charged in: 3 payments of 66.67 to be spread out over 3 months (one payment now)
 2 payments of 100.00 to be spread out over 2 months (one payment now)
 1 payments of 200.00 one payment now

For PayPal or credit card payments:

By complete the following; you are authorizing us to charge your card for your membership dues:

Name on Card _____ Authorized to use
3 digit code on back _____

Credit Card Number _____ Expiration date _____

Address _____
(Number, Street/Road/Circle/Avenue, Suite/Apartment)

City _____ State/Province _____

Country _____ Zip/Postal code _____

Receiving your Certificate

Once payment is received, we will mail you your GPACT certificate and a GPACT welcome letter. 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 and my result in an additional fees.

We also add you to the GPACT Membership Database, so you will be listed in on the website where it says "Locate a Therapist." Once your information has been added, you will receive an email letting you know how you can access your profile in the Member Directory Listing on the website, GPACT.org, and how to make updates. If you need help making changes, please contact us.