



GPACT General Certification Requirements-Application

Accepts applications from graduates from GPACT, ARCH, I-ACT, The Guild Of Colon Hydrotherapists, RICTAT, ACHA or ADHICO Certified Schools. School listed individually in the GPACT.ORG website.

Foundation - Level I

Prerequisites

1. High school diploma/GED, or equivalent
2. Postsecondary education level Anatomy & Physiology (equivalent to 3 semester hours)

Requirements

1. Provide proof of completed training course of Colon Hydrotherapy from a GPACT approved School.
2. Provide a current resume, proof of all related education and any certifications or degrees earned.
Be sure to include seminars, webinars, etc in your resume.
3. Include pictures of your facility including: each piece of colonic equipment Colon Hydrotherapy and Therapy room(s), restroom(s), waiting area and signage.
4. Must send a blank copy of your Health Questionnaire. (Intake Form)
5. Provide a copy of your or your facilities Professional Liability Insurance policy.

Intermediate – Level II

Requirements

1. Be a certified Colon Therapist practicing at the Foundation Level for a minimum of six (6) months.
2. Be a member in good standing.
3. Provide proof of having passed Intermediate-Level II Exam.
4. Provide a copy of your or your facilities Professional Liability Insurance policy.

Advanced – Level III

Requirements

1. Be a certified Colon Therapist practicing at the Intermediate Level for a minimum of 1 year.
2. Be a member in good standing.
3. Provide proof of having passed Intermediate-Level III Exam.
4. Provide a copy of your or your facilities Professional Liability Insurance policy.

Instructor – Level IV

MedPro's GPACT Exclusive Certification Course is available only to instructors who work with Doctors providing Endoscopy Preps in their own practices. If you are therefore eligible please email us with details to be considered for this prestigious Instructor level.

Requirements for NON MedPro- Instructors

1. Meet the instructor requirements of ARCH, I-ACT, The Guild Of Colon Hydrotherapists,
2. RICTAT or ACHA or ADHICO.
3. Provide proof of having passed Instructor Level IV from any of the above-mentioned associations.
4. Provide a copy of your or your facilities Professional Liability Insurance policy.



**The Global Professional Association for Colon Therapy
MEMBERSHIP APPLICATION**

Applicant's Name _____

Educational Facility _____

Completion date _____

Course title _____

Instructor's Name _____

The Global Professional Association for Colon Therapy

GENERAL MEMBERSHIP REQUIREMENTS/STIPULATIONS:

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

To insure this, we require that every applicant submit the following supporting documents and Initial ALL of the requirements/stipulations described below indicating that you have read, understand and agree to all the terms and conditions of application listed below.

___Proof of purchase/ use of disposable speculums – (closed system) / rectal tubes (open system). Invoice/receipt of purchase required. Fax, email or mail is ok. Recent graduates are exempt temporarily, but are required to submit data upon employment.

___Photos of your location showing you, exterior signage, exterior (storefront, doorway), reception area, all therapy rooms with close-up of equipment set-up and bathrooms.

___Attach supporting photos. 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.

___All equipment must meet the requirements of your countries health and safety regulations. i.e... --USA- FDA registered, UK- CE Marked, if not CE marked, proof of WRAS compliance. Australia-TGA, Health Canada – 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.

It is each member's responsibility to be informed of their own governments' requirements.

___ It is the responsibility of each therapist/ facility to perform their due diligence to comply with any governmental ordinances/legislations that are in effect to maintain the health and safety of the general public, their co-workers.

___A **GPACT MEMBER** will make no claims as to the use of, or benefits provided by, your service or about the device other than those approved by the FDA/CE/Health Canada/ TGA local health and safety requirements or a combination of the above.

___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. Follow the guidelines of your colonic device manufacturer, for the type of device(s) you are using. 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.

___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.

___As any health care professional, you must carry malpractice/public liability insurance proof is required. Please call / email for help if you do not know where to get insurance. 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.

___ All Members shall represent all colonic systems in a fair and objective way.

___All Members represent GPACT and the Profession of Colon Hydrotherapy with the highest level of respect and esteem.

___ Terms and Conditions may change without notice.

USA ONLY- The FDA requires Class II Medical devices to be sold by prescription only on order of a licensed physician or other licensed health care practitioner. Any other regulation(s) for Colon Hydrotherapy i.e. Colon Irrigation may vary depending on your area, and are your sole responsibility to be aware of, comply with.

By signing below,

I AM STATING THAT I HAVE READ THE TERMS AND CONDITIONS OF THIS AGREEMENT, THAT I UNDERSTAND THEIR MEANING AND REQUIRMENTS, AND THAT I WILL COMPLY WITH THEM.

Print Name: _____

Signature _____ Date _____

**Please complete the following form for your
Certificate and Member Directory on GPACT.org**

Applicant's full name: _____

Business name and address _____

Phone/Fax: _____

Email _____ Website address *www.*_____

Type of Colonic equipment(s) used OPEN / CLOSED / BOTH

Should you wish for any logo or image to be placed with your add please email it to us. Be sure to send your supporting documents to complete your application promptly. These forms can be printed and filled out online, faxed, mailed or emailed. You will be issued a member number that must be referenced during correspondence once it has been issued.

The Global Professional Association for Colon Therapy
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THE PROFESSIONAL ASSOCIATION FOR COLON THERAPY ORDER PAGE

ANNUAL MEMBERSHIP FEES SCHEDULE - in US Dollars

<u>Foundation LEVEL I</u>	<u>\$150.00USD</u>
<u>Intermediate LEVEL II</u>	<u>\$150.00USD</u>
<u>Advanced LEVEL III</u>	<u>\$150.00USD</u>
<u>Instructor LEVEL IV</u>	<u>\$150.00USD</u>

Payments accepted via Paypal. Once the application is received and processed you will receive an email with a payment request. Once payment is received both certificate and GPACT logo embroidered patch will be mailed to you. Certificates will be sent USPS unless otherwise requested for an additional fee.

