



**GPECT.org**  
*Global Professional Association  
for Colon Therapy*

## **The Global Professional Association for Colon Therapy**

### **Colon Therapy Facility Application**

I am a GPECT Member \_\_\_\_\_ Mentor \_\_\_\_\_ Edu. Facility \_\_\_\_\_

My GPECT 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 GPECT? 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 \_\_\_\_\_

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## GENERAL MEMBERSHIP REQUIREMENTS & STIPULATIONS

**Please initial as you read to show you understand and acknowledge.**

\_\_\_\_\_ \*\* 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”.

Recent graduates that are not yet employed or in business are exempt temporarily, but are requested to submit data when you are ready to list yourself /

\_\_\_\_\_ \*\* Attach supporting documents -- The location of your facility, and your therapist(s) for the GPACT directory online. .

\_\_\_\_\_ \*\*Provide photos of your location including, exterior (sign-age, storefront, doorway), reception area, all 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 GPACT 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 GPACT 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 with any health care facility and or educational facility, you should carry malpractice / public liability insurance 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.

\_\_\_\_\_ \*\* 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. **Doing so will cause you to loose 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.*

Print Name \_\_\_\_\_

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

Facility Name \_\_\_\_\_

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

Facility's name, address, and phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

web / email addresses \_\_\_\_\_

\*\*Mailing Address where you would like your GPACT materials delivered

\_\_\_\_\_

\_\_\_\_\_

**Enhanced listing                      \$10 per month**  
**Make your facility stand out!**

Your enhanced listing will include

larger listing size   a link to your website   2 up-loaded photos   bold print   colored text  
MapQuest, where available, the option to show coupons and specials.

## ORDER PAGE

Facility Membership cost \_\_\_\_\_ \$ 50.00 USD

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

Total amount to be charged to my card \_\_\_\_\_ \$ \_\_\_\_\_ USD

Printed name \_\_\_\_\_

I authorize the charge of my credit card for the amount of \$ \_\_\_\_\_ USD for GPACT Facility annual Certification application. I understand that if I am unable to meet the stipulated requirements I will not receive a full refund but will receive a 75% refund.

(Should you have any questions, please call or email questions prior to submitting your application.)

Signature \_\_\_\_\_

Credit Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing address if different from address listed above

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This form can be filled out online, faxed, mailed or e-mailed. Please be sure that you have included all your supporting documents so we can complete your application promptly. Future correspondence will require your issued a member number to insure your privacy.

## The Global Association for Colon Therapy

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