



Washington State Department of

Health

Colon Hydrotherapist Credentialing

PO Box 47877

Olympia WA, 98504-7877

360-236-4700

Fax: 360-236-4918

Date Stamp Here

Colon Hydrotherapy National Certification or Registration Attestation Form

To attest to national certification or registration, return this form by mail directly to the Department of Health.

Applicant Demographics		
First Name	Middle	Last Name
Credential Number (if applicable)		Date of Birth
Address		
City	State	Zip Code
<p>I hereby attest that I hold the following national credential as a colon hydrotherapist which is substantially equivalent to the education, training, and examination requirements as described in chapter 246-836A WAC:</p> <p><input type="checkbox"/> I-ACT _____ (Registration/Certification Number, if known) _____ Date Issued (mm/dd/yyyy)</p> <p><input type="checkbox"/> GPACT _____ (Registration/Certification Number, if known) _____ Date Issued (mm/dd/yyyy)</p> <p><input type="checkbox"/> NBCHT _____ (Registration/Certification Number, if known) _____ Date Issued (mm/dd/yyyy)</p>		

Submit completed form with original signatures to the address above.