



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 Hydrotherapist Registration of Training Affiliation Relationship Form

Please Note: This form must be completed fully. Failure to do so may result in a delay of processing. Mail this signed form to the address above or to EMSCred@doh.wa.gov.

Date		Effective Date of Affiliation Agreement	
Colon Hydrotherapist's Name (please print)		Credential Number (if applicable) XXX.XX._____	
Mailing Address			
City		State	Zip Code
Email Address			
Naturopathic Physician's Name (please print)		Credential Number (if applicable) NATU.NT._____	
Email Address			
<p>The affiliation relationship established through this document between the supervising naturopathic physician and colon hydrotherapist trainee identified above shall include a training schedule for the completion of a minimum of 30 colon hydrotherapy treatment procedures by the trainee within 6 months of the date filed with the Board of Naturopathy or its designee. The supervising naturopathic physician shall provide direct visual supervision for each colon hydrotherapy procedure performed by the colon hydrotherapist trainee.</p>			
<p>The supervising naturopathic physician shall ensure the affiliation relationship training schedule allows for the colon hydrotherapist trainee to successfully complete didactic education in:</p> <ul style="list-style-type: none"> • The history, theory, and practice of colon hydrotherapy to include risks and contraindications; • Anatomy and physiology, a portion of which must include the anatomy and physiology of the alimentary tract as well as the function and dysfunction of intestinal health; • Professional ethics and patient boundaries; • Business ethics and office procedures; and • Equipment safety, infection prevention and control, and the handling and disposal of used equipment. 			

Documentation of all colon hydrotherapy training, duties, and responsibilities of the trainee must be completed, signed by the supervising naturopathic physician and the colon hydrotherapy trainee, and placed in the trainee's file. Such documentation shall be retained for a minimum of two years following completion of such training and be made available for inspection upon request by the Board of Naturopathy or its designee.

Responsibility:

The supervising naturopathic physician and colon hydrotherapist trainee are equally responsible for any act performed by the trainee as it relates to the practice of colon hydrotherapy. The training affiliation referenced on this form is valid for 6 months from the date of filing with the Board of Naturopathy or its designee. If the colon hydrotherapist trainee is unable to complete such training within 6 months, the training is null and void, and the supervising naturopathic physician and colon hydrotherapist trainee must initiate a new training affiliation relationship and register it with the Board of Naturopathy or its designee. Supervising naturopathic physicians registering training affiliation relationships are limited to a total of 2 training programs for the same colon hydrotherapist trainee.

Date	
Colon Hydrotherapist Signature	
Naturopathic Physician Signature	

Submit completed form with original signatures to the address above.