



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 Training Attestation Request for State Examination

Complete this form if you completed a colon hydrotherapy training program supervised by a Washington State licensed naturopathic physician. The naturopathic physician who supervised the colon hydrotherapy training program must sign and date this as proof of completion.

Applicant Demographics		
First Name	Middle	Last Name
Credential Number (if applicable)		Date of Birth
Address		
City	State	Zip Code

Washington State Licensed Supervising Naturopathic Physician Attestation

The colon hydrotherapist identified above has received education and training, been assessed for knowledge, skills and proficiency, and is determined to meet the minimum level of competency in colon hydrotherapy.

The colon hydrotherapist identified above is also hereby requesting approval to sit for the Washington State examination administered by the NBCHT.

I, _____, hereby attest that _____
(Supervising Naturopathic Physician) (Colon Hydrotherapist name)

has completed the education, training, and practicum requirements in chapter [246-836A WAC](#).

Signature of Naturopathic Physician

Date (mm/dd/yyyy)

License Number

Expiration Date (mm/dd/yyyy)

Submit completed form with original signatures to the address above.