

IMPAC, Inc

Application for Gold Star List for Day Spas and Destination Spas

Complete all areas of the application and return to IMPAC™ with required documents and application fee to:

Mailing Address: IMPAC, Inc.
P.O. Box 1146
Manchester, Vermont 05254
U.S.A.

Telephone: 1-800-677-7019
1-413-443-9780

FAX: 1-413-443-9724

Wiring and Courier Instructions available upon request.

Definition of Day Spa and Destination Spa::

A Day Spa or Destination Spa provides wellness and beauty services that do not require physician oversight and direction. A Day Spa or Destination Spa may provide what is classified as traditional spa services such as massage, pedicures, manicures, facials, microdermabrasion, and Reiki.

Application Fee: \$250.00 (non-refundable)
Check should be made payable to IMPAC, Inc.

Required Documents:

- Completed and signed application
- Copy of current facility license
- Copy of licenses of all staff who are required by the state to be licensed
- Copy of credentials or education certificates of all staff
- Copy of most recent facility inspection results by the local or state regulatory agency
- If you are presently doing a client/guest satisfaction survey and you may want to submit it for possible substitution for the Gold Star List Client/ Guest Satisfaction Survey, please submit the survey form and a report of the results of the survey.

Gold Star List:

- One to five Stars are awarded based on the criteria
- Designation for One Year
- Determination will be made within 30 days of submission of application, application fee and required documents.
- This is not an accreditation based on quality standards and verification of compliance with quality standards.

IMPAC™

Application for Gold Star List for Day Spas and Destination Spas

1. Name of Spa:

2. Location of Spa:

Street	
Street	
City	
State/Province	
Zip Code	
Country	
Telephone	

3. Mailing Address if different from Location:

Street	
Street	
City	
State/Province	
Zip Code	
Country	

4. Owner of Spa:

If the Spa is owned by a Corporation: please give the name of corporation, corporation contact person, and the address

Corporation	
Contact Person	
Street	
Street	
City	
State/Province	
Zip Code	
Country	
Telephone number	

5. Hours of Operation:

6. Please check services provided:

<input type="checkbox"/>	Acupressure	<input type="checkbox"/>	<input type="checkbox"/>	Pedicure
<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	Permanent make-up
<input type="checkbox"/>	Body polishing	<input type="checkbox"/>	<input type="checkbox"/>	Photorejuvenation
<input type="checkbox"/>	Body sculpting	<input type="checkbox"/>	<input type="checkbox"/>	Psychological services
<input type="checkbox"/>	Body wraps	<input type="checkbox"/>	<input type="checkbox"/>	Pulsed light
<input type="checkbox"/>	Cellulite treatments	<input type="checkbox"/>	<input type="checkbox"/>	Reflexology
<input type="checkbox"/>	Chemical peels	<input type="checkbox"/>	<input type="checkbox"/>	Reiki
<input type="checkbox"/>	Chromotherapy	<input type="checkbox"/>	<input type="checkbox"/>	Skin analysis
<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	<input type="checkbox"/>	Teeth whitening
<input type="checkbox"/>	Eye lash tinting	<input type="checkbox"/>	<input type="checkbox"/>	Veneers
<input type="checkbox"/>	Facials	<input type="checkbox"/>	<input type="checkbox"/>	Waxing
<input type="checkbox"/>	Make-up consultation	<input type="checkbox"/>	<input type="checkbox"/>	Please list other services:
<input type="checkbox"/>	Manicure	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Massage	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Microdermabrasion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Music therapy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Paraffin dip	<input type="checkbox"/>	<input type="checkbox"/>	

7. Please indicate type of staff and number of persons in those positions

<input type="checkbox"/>	Manicurist/ Pedicurist
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Cosmetologist
<input type="checkbox"/>	Esthetician
<input type="checkbox"/>	Medical Esthetician
<input type="checkbox"/>	Reiki Therapist
<input type="checkbox"/>	Acupuncturist
<input type="checkbox"/>	Nutritional Counselor/ Dietitian
<input type="checkbox"/>	Psychologist/ Social Worker
<input type="checkbox"/>	Medical Director
<input type="checkbox"/>	Please list other types of staff members:
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

8. Please list current license/registration for facility:

Name of Licensing Body/Agency	
License/Registration Number	
License/Registration Expiration Date	

9. Does the Spa have a website? _____ Yes _____ No

Website address: _____

10. Please attach the following documents:

- Completed and signed application
- Copy of current facility license
- Copy of licenses of all staff who are required by the state to be licensed
- Copy of credentials or education certificates of all staff
- Copy of most recent inspection by the local or state regulatory agency
- If you are presently doing a client/guest satisfaction survey and you want to submit it for possible substitution for the Gold Star List Client/ Guest Satisfaction Survey, please submit the form and a report of the results of the survey.

11. Date of Application: _____

I understand that the interpretation of the criteria, determination of compliance with the criteria, and designation of the Gold Star List and number of Stars is made solely by IMPAC, Inc. I also understand that my signature represents an attestation that all information and documents submitted are accurate, true and complete.

Signature of Applicant: _____

Print Name: _____

Print Title: _____