



Practical Training Solutions
Training Terms Acknowledgement Form
 Form 200

Agency / Qualified Vendor Name: _____

Agency / Qualified Vendor Representative: _____

Agency / Qualified Vendor Representative Title: _____

Agency / Qualified Vendor AHCCCS ID# _____

Billing Contact Name: (if different) _____

Billing Contact Email: _____

Billing Mailing Address: _____

Billing Phone: _____

Billing Fax: _____

Address to send certificates / verifications:
 (if different) _____

We have been provided with, and agree to, the training terms of Practical Training Solutions as they relate to:

- Registration and Attendance
- Reasonable Accommodation
- Class times
- At Your Own Risk Participation
- Certificates and Verification Letters
- Payment
- Copyright and Protection of Practical Training Solutions Intellectual Property

I understand and agree that Practical Training Solutions LLC is an information provider only. All content and information provided is provided "as-is" without any warranty as to its usability for a specific purpose. Practical Solutions cannot be held liable for damages that arise from the use or misuse of the content provided.

I understand that Practical Training Solutions reserves the right to make changes to their training terms. If changes are made, Practical Training Solutions will provide an updated agreement containing these changes for review and signature by the agency.

This agreement will remain in effect until a new agreement is signed or until a written notice to discontinue training is received by Practical Training Solutions.

By signing this document you affirm that you are authorized to enter into agreements for this agency and that you agree to the terms outlined in the Training Acknowledgement form. This document will act as an agreement between Practical Training Solutions

Agency Authorized Signature: _____

Date: _____

Agency Authorized Printed Name: _____



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Registration and Attendance Policies:

Seating in all classes is limited. Registrations are accepted on a first-come/first-served basis. Anyone arriving more than 15 minutes after the scheduled start time, pre-registered or not, may not be allowed into the training class and/or may not receive credit for the training class.

Participants must attend and participate in the entire class to qualify to receive credit for the course. In addition to attending the entire course, participants must demonstrate competency in the course material in order to receive credit for attending.

A photo Identification card must be presented, as a means to verify a person's identity, at the time of the training class. Acceptable identification cards include state issued IDs, Driver's License, Military ID, Passports, and school IDs.

Practical Training Solutions reserves the right to exclude a person from any training class if we, at our sole discretion, feel the participant is disruptive to business, disruptive to the other participants, is a danger to health and or safety, is sleeping in class or appears to be under the influence of drugs or alcohol. Class fees are non-refundable.

Reasonable Accommodation:

Practical Training Solutions will make every reasonable accommodation requested in advance to ensure the success of all training participants. All training classes are presented in English unless otherwise noted. Non-English speakers may provide their own certified interpreter. It is up to the agency or individual participant to make these arrangements. Please notify us in advance if you will be using a certified interpreter to ensure there is adequate space in the class. Requests for reasonable accommodation may be sent to Michelle Nichols at mnoe@cox.net.

Class times:

Class times are approximate and may change based on the number and skill of the participants. Class dates and times are subject to change without notice.

At Your Own Risk Participation:

Participation in all training activities are at the participant's discretion and are "at your own risk". Some classes include physical components including, but not limited to, kneeling, squatting, bending at the knees or waist, sitting on the floor, demonstrating proper lifting technique, lifting and/or controlling another's balance using the leverage of your body, and repeated movements to simulate basic life support.

CIT in particular is not recommended for certain medical conditions including, but not limited to, pregnancy, back problems, joint problems, and/or physical limitations (pins in knees, vertebrae fusion, chronic illnesses etc.). Practical Training Solutions reserves the right to exclude a person from CIT or any class if we, at our own discretion, feel that the person has a high likelihood of injuring themselves or others. The sole responsibility for personal safety rests with the participant.

Certificates and Verification Letters:

An initial certificate of completion will be issued to the agency paying for the training class. Replacement certificates are available upon written request for a fee of \$30.00 per certificate. If an initial certificate is not received, a replacement request may be made by the agency that paid for the training, within 21 days of the class date, at no charge.

Agencies that require a Direct Care Worker testing verification letter may request them by completing and submitting a [Training Verification Request](#) form that includes the direct care worker's name, date of testing, and a release of information signed by the Direct Care Worker. This form can be requested from Practical Training Solutions. Letters will not be issued without this written request.

Payment:

Payment for training is required prior to certificates or verification letters being issued unless other arrangements have been made. Practical Training Solutions will gladly bill after training for agencies that remain in good standing and pay all invoices within 30 days of the date on the invoice. Prepayment is required for all offsite trainings (training held at a location of the agency's choosing). Adequate notice is required for cancellation of offsite training. Failure to provide a minimum of 1 week notice of cancellation may result in a \$100.00 cancellation fee. Failure to provide a minimum of 24 hours notice of cancellation will result in a cancellation fee equal to the course fee plus any related travel fees. Payment may be made in the form of Cash, Money Order, Business Check, Visa or Mastercard. There is a 75¢ service charge for each debit or credit payment.

Payment arrangements must be made by the agency prior to the participant attending training. Beginning December 1 2010, Practical Training Solutions will not bill individual students for training related to Principles of Caregiving or Direct Care Worker training. Effective March 1, 2011, Practical Training Solutions will only bill agencies. Payment will NOT be collected from individual students for any training class. Due to regulations relating to the new AHCCCS Direct Care Workforce Training, training must be provided by the qualified vendor agency through agreement with Practical Training Solutions. All training provided by Practical Training Solutions will be billed directly to the qualified vendor agency.

Copyright and Protection of Practical Training Solutions Intellectual Property

By using our materials and/or attending our training classes, you agree to be bound by the terms of this agreement. Specifically, you agree that you will protect Practical Training Solutions copyrighted material. Our materials are the intellectual property of Practical Training Solutions LLC and are copyrighted. Practical Training Solutions training documents and materials may not be copied, duplicated or shared for any other use without the express written consent of Practical Training Solutions LLC. Agencies and individuals may not generate fees, charge any amount of money or generate any benefit outside of the training of their own employees through the use of Practical Training Solutions documents or materials.