Personal Care Home (PCH) License Training

Designed for the State of Georgia

****Training Registration Form****

If you want to own and start a care home, a personal care home (PCH) in the State of Georgia, this one-day training will give you the steps, information, documents, and materials to get licensed. Training includes **policy and procedure manual**, **operations forms, marketing plan and strategy and so much more.**

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Attendee #1 Full Name:	Cell Phone #:	<u>x</u>
Attendee #2 Full Name:	Cell Phone #:	
Main Contact Email:		
What will be your business legal name?:	Coun	ty/City:
TRAINING DATES: Trainings are scheduled on Fridays bas		
LOCATION: Virtual Google Meet (Remote) TIME: 10:00	a.m. to 2:00 p.m.	
CHOOSE A PREFERRED DATE: #1	or #2	25.
PERSONAL CARE HOME LICENSE 4-HOUR TRAININ	NG INCLUDES:	
• You will be shown how to complete the entire licensing app		line application.
• We share details about how to set up the PCH, taxes, client'		
• We share details regarding licensing and the care home		•
We answer all your pressing questions, so you feel knowled		egarding your business.
\bullet We email the training materials and training certificate	straight to your email inbox.	
MATERIALS INCLUDE:		
• PCH policy and procedure manual emailed in Microsoft Wo	ord (policies are based on Georgia	's rules and regulations)
• Standard operations forms sent to you in Microsoft Word for		,
• Detailed marketing plan and strategy (to get new clients) that		P3 format.
• List of national referral agencies to partner with to get client		
• List of documents that need to go in each staff personnel file		
binder and procedure binder, and our 45+ point checklist to		ome.
• 4-hours of consulting and a training certificate as proof of consulting and a training certificate and a consulting actual certificate as a consulting and a consulting actual certificate actual certificate and a consulting actual certificate	ompletion of training	
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 PROGRAM INVESTMENT FEE: \$2,995/Single and \$3,495/Couple (Investment can be made) 	in two installments)	
• 50% of payment confirms your training date and holds your		
 Remaining documents emailed when second payment is ma 		
• If one full payment is made, all documents will be emailed to		
• Final payment must be made 3-days before the schedule	d training date.	
• Email your completed registration form to: contact@careh	omeindustrytraining.com	
Payment Information: Credit Card Type:	Card #:	
Name on Credit Card:	Billing Date:	Exp. Date:
Security Code: State: Zip Code Paymen	nt Schedule Dates: #1 \$	#2 \$

50% of documents are emailed to Client with first payment, and 50% with second payment. By signing this agreement, you agree to the terms and conditions set forth in this form. I authorize Personal Care Consulting and Training, LLC to process all payment(s) with the above-listed credit card. All payments are nonrefundable, but can be used towards other training, consulting, coaching, products, and services. Background clearance, state, county, and city fees are not included in the training fee, if applicable.

Empowering Providers. Enriching Lives.

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<u>The Client's Responsibilities</u>. The client, as an entity is seeking to become a PCH, and Client agrees to the following specific responsibilities:

- a. Only use documentation provided by and approved by PCCT.
- b. Client will perform all work, task, and assignments that PCCT trained the Client on in order to pass the state licensing approval.

Termination.

a. This Agreement will terminate after all documents and training has been provided, completed, and satisfies the terms and conditions of this agreement. No other work product or services will be provided after completion of the scope of work, terms, and conditions under this Agreement.

<u>Limitations on Liability</u>. PCCT's liability under this Agreement shall be limited to the amount of fees received by PCCT under this Agreement. In no event shall PCCT be liable for any special, consequential, or incidental damages, including without limitation, loss of profits, revenue, or data, even if apprised of the likelihood of such damages occurring.

<u>Counterparts</u>. This Agreement will be executed by signing, dating and emailing contact@carehomeindustrytraining.com the executed agreement.

Client Signature	Print Name	Title	Dat
Cheff Signature	Fillit Name	Title	Da
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Soligi C.o.			

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