PCM Trainer Letter of Understanding

This Agreement is entered into between COMPANY NAME (from henceforth referred to as COMPANY NAME) and Contractor Name (from henceforth referred to as Contractor.)

Whereas, COMPANY NAME is engaged in the business of providing behavioral services to clients with developmental disabilities and impairments under the applicable Florida Medicaid and Medicaid Waiver programs, as well as private insurance. Contractor is a seeking to attain professional Certification as a Crisis Intervention Trainer through the PCM method. COMPANY NAME has agreed to fund the cost of this endeavor. In doing so, Contractor has agreed to provide PCM training to any COMPANY NAME staff in need of the training at no cost to COMPANY NAME, and as reimbursement for certification as a PCM trainer for Contractor.

COMPANY NAME will provide no additional financial incentive or payment to Contractor beyond the cost of covering the fees for certification as a Crisis Intervention Trainer with PCM. Contractor agrees to travel when needed to perform the trainings on behalf of COMPANY NAME. This agreement will run from one year from the time of Contractor’s certification as a PCM Trainer.

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Signature COMPANY NAME

Print name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_