

Training Agreement and Policies

This agreement is by and between Arizona Caregiver Academy and _____ (Agency) for the purpose of Arizona Caregiver Academy to provide training for Agency's Caregivers in accordance with AHCCCS's Direct Care Workforce Training requirement.

Training Policies

Registration and Attendance:

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

Seating in all classes is limited. Registrations are accepted on a first-come, first-serve basis. Anyone arriving more than 15 minutes after the scheduled class 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.

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

Reasonable Accommodation:

Arizona Caregiver Academy will make every reasonable accommodation requested in advance to ensure the success of all training participants. **All training classes are presented in English.** 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 info@arizonacaregiveracademy.com.

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 is at the participant's discretion and is "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.

Training class, 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.). Arizona Caregiver Academy reserves the right to exclude a person from 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 \$25.00 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 Arizona Caregiver Academy. 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. Arizona Caregiver Academy will bill after training for agencies that have an approved credit application on file and remain in good standing and pay all invoices within 30 days of the date on the invoice. Failure to provide a minimum of 48 hours notice of cancellation of any enrolled students will result in a cancellation fee equal to the course fee. Payment may be made in the form of Cash, Money Order, Business Check, Visa or MasterCard. There is a 3% Convenience charge for each credit card payment.

Payment arrangements must be made by the Agency prior to the student attending training. Arizona Caregiver Academy will not bill individual students for training related to Principles of Caregiving or Direct Care Worker training. Arizona Caregiver Academy will only bill agencies. Payment will **NOT** be collected from individual students for any

training class.

Copyright and Protection of Arizona Caregiver Academy 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 Arizona Caregiver Academy copyrighted material. Our materials are the intellectual property of Arizona Caregiver Academy and are copyrighted. Arizona Caregiver Academy training documents and materials may not be copied, duplicated or shared for any other use without the express written consent of Arizona Caregiver Academy. 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 Arizona Caregiver Academy documents or materials.

Acknowledgement and Agreement:

I/We have been provided with, and agree to, the training terms of Arizona Caregiver Academy 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

Due to regulations relating to the new AHCCCS Direct Care Workforce Training, training must be provided by the Agency through agreement with Arizona Caregiver Academy. By signing this document I/We agree to Arizona Caregiver Academy providing Direct Care Workforce Training for the Agency. All training provided by Arizona Caregiver Academy will be billed directly to the Agency.

I/We understand and agree that Arizona Caregiver Academy 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. Arizona Caregiver Academy cannot be held liable for damages that arise from the use or misuse of the content provided.

I/We understand that Arizona Caregiver Academy reserves the right to make changes to their training and training terms. If changes are made, Arizona Caregiver Academy 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 Arizona Caregiver Academy from Agency.

Agencies are required to provide basic Agency billing and contact information, and a signed acknowledgement of these policies prior to using Arizona Caregiver Academy services. Certificates and training verification letters will not be provided until this information and documentation has been provided. 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 this document.

Agency Authorized Signature

Arizona Caregiver Academy

Printed Name

Printed Name

Date Signed

Date Signed

Billing and Contact Information:

Agency Name: _____

Agency Mailing Address: _____

Agency City, State & Zip: _____

Agency Phone Number: _____

Agency Fax Number: _____

Agency Contact: _____

Agency Contact's Title: _____

Agency Contact's eMail: _____

Agency AHCCCS ID# _____

Complete If Different from above:

Billing Mailing Address: _____

Billing City, State & Zip: _____

Billing Phone Number: _____

Billing Fax Number: _____

Billing Contact: _____

Billing Contact's Title: _____

Billing Contact's eMail: _____