

Medication Technician Training Contract

Subject: Letter of Agreement for training and certifying school staff.

This "Letter of Agreement" is between Pleasant Health Services (PHS), Inc (herein the "Contractor") and (school name) _____ (herein the "Agency"), located in (city) _____, (state) _____.

I. The Contractor – PHS responsibilities:

1. PHS will provide a Registered Nurse (RN) to train the staff of (school name) _____. The length of the training course is 16 hours. The class will be taught between the hours of 8:00 a.m. and 5:00 p.m. The RN teaching the class will have the appropriate knowledge and experience to teach the course and will be licensed in the appropriate jurisdiction.
2. PHS will provide the students with the training manual that will be the student (s) to keep.
3. Should the school (_____) opt to cancel the contract after 3 days of the date of signing this Letter of Agreement, the agency will pay PHS \$100.00 cancellation fee.
4. Cancellation fee is waived if the contract is canceled by the Contractor (PHS) within 3 days of the date of signing the contract.

II. The Agency responsibilities:

1. Will provide space for the RN to teach and training medication assistants.
2. Will pay Contractor (PHS) within 15 days of receipt of invoice. Invoices should be forwarded to:

School Name: _____
Street Address: _____
City: _____
State: _____, Zip _____
Tel: _____ Fax: _____

3. There must be a 3-days notice from the Agency to cancel the contract from the date the contract was signed.

III. Date(s) of service: _____

Total cost: Cost per person (\$_____) X _____ (No. of persons receiving training) = \$_____

This agreement is signed on this _____ day of (month) _____, _____ (year) between Pleasant Health Services, Inc, known as PHS and (school name) _____

PHS Representative name & signature: _____

School Representative name & signature: _____

Date: _____