Compass Solutions, PLLC

Participant Agreement for Training

Welcome to Compass Solutions's advanced training. This agreement outlines the terms and conditions under which participants agree to engage in this training. It ensures a mutual understanding of responsibilities and expectations, creating a conducive learning environment.

1. Training Objectives:

- The primary objective of this training is to equip participants with advanced clinical skills, knowledge, and ensure they can apply the techniques presented safely, professionally, ethically, and effectively in their professional practice.

2. Participant Requirements:

- Be a licensed mental health professional or be enrolled in a graduate program leading to licensure.
- If requested be able to provide evidence of professional liability insurance.
- Attend all training sessions and actively participate in all practical exercises and discussions.
- Complete any reading or assignments, and evaluations as stipulated by the training program.
- Maintain confidentiality of all personal information shared by fellow participants during training.
- Adhere to the ethical guidelines and standards of their respective professional organizations.

3. Training Participation:

- Attendance: Full attendance is mandatory. Participants must inform the training provider in advance if they are unable to attend any part of the training. Make-up sessions may be offered at the discretion of the training provider.
- Active Engagement: Participants are expected to actively engage in all training activities, including lectures, group discussions, and supervised practice sessions.
- Respect and Professionalism: All interactions during the training should be conducted with respect and professionalism. Disruptive behavior will not be tolerated and may result in dismissal.

4. Confidentiality:

- Maintain strict confidentiality regarding any personal information or case details shared by other participants. This includes, but is not limited to, information disclosed during lectures, demonstrations, practice sessions, group discussions, online chats, and consultations.

5. Consent for Practice:

- To practice these techniques in pairs or small groups. By signing this agreement, participants consent to both giving and receiving advanced clinical practice under supervision.
- Participants have the right to opt out of specific exercises if they feel uncomfortable, but must communicate this to the trainer.

6. Use of Training Materials:

- Training materials provided during the program are for personal use only. Participants agree not to reproduce, distribute, or use these materials for commercial purposes without prior written consent from the training provider.

7. Liability:

- The training provider will not be held liable for any injury, loss, or damage to property that may occur during training. Participants are responsible for their own safety and well-being during the training.

8. Completion and Certification:

- All components of the training must be completed, including attendance, participation, and any required assignments or evaluations, to receive a certificate of completion. Certification is not guaranteed and is contingent upon the participant meeting all training requirements.

9. Fees and Refunds:

- Participants agree to pay the training fees as outlined by the training provider. Refunds will be considered on a case-by-case basis and typically consist of credit towards future training.

10. Dispute Resolution:

- Any disputes arising from this agreement or participation in the training will be resolved through mediation. If mediation fails, disputes will be settled through binding arbitration.

11. Post-Training Consultation

- Completion of the training grants one year's access to our advanced virtual consultation group(s).

Acknowledgment and Agreement:

By signing below, I acknowledge that I have read, understood, and agree to abide by the terms and conditions outlined in this Participant Agreement for Compass Solutions advanced training.

Participant Print	**Signature**	**Date**
Jason P. Johnson, LCSW		
Trainer Print	**Signature**	**Date**

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How to prepare for training

1. Complete Registration to ensure eligibility.

2. Required Reading
   There is no required reading prior to starting this training.

3. Get a Good Night's Sleep: Make sure you are well-rested before the training to ensure you can fully engage and absorb the information.

4. Follow a Healthy Meal Plan: Eating nutritious meals will help you stay focused and energized throughout the training.

5. Stay Hydrated: Drink plenty of water to keep yourself hydrated and alert during the training sessions.

6. Practice Self-Care: Take time each night after the training to relax and engage in self-care activities.

7. Be Prepared to Follow Up with a Therapist: It's important to have a therapist or support system in place to help you process any emotions or experiences that may arise during or after training.

8. Take Notes and Ask Questions: Be prepared to take notes during the training sessions and ask any questions you may have for clarification.

9. Be Ready for Consultation: Be prepared to follow up with consultation sessions to discuss any issues or challenges that arise post-training.

10. Be prepared to consider and report on the post-training survey ways this training positively impacted you so those elements can be sustained and ways this training can evolve and improve.

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Full Name	Lic & Number	Contact Email	Contact Phone

	I have a current license to practice mental health therapy, or am a student in an MSW/Counseling/Psych program under a supervisor who has a current license to practice mental health therapy.
	In the event the Participant requests to cancel registration, the fee will be applied as a credit towards a future training workshop hosted by the Organizer. This credit must be used within one calendar year from the date of the original training unless otherwise approved by the training provider.
	The Participant acknowledges and understands that participating in the mental health training workshop may involve certain risks. The Participant voluntarily assumes all risks associated with their participation, including but not limited to physical or emotional injury, illness, or property damage.
	In consideration of being allowed to participate in the mental health training workshop, the Participant hereby releases, waives, discharges, and holds harmless the Organizer, its officers, employees, agents, and representatives from any and all claims, liabilities, damages, demands, actions, or causes of action arising out of or related to the Participant's participation in the workshop
	I understand that unprofessional conduct creating unsafe learning environments will result in ejection from the workshop with forfeiture of the registration fee.
	I understand that by submitting a signed registration, I am obligating myself to pay the training fee to Compass Solutions prior to the first day of training.
	Please select from the following payment options: **___ Licensed Rate $1500 in full before first day of training** **___ Licensed Rate $2000 in payments of $_____ each month (method) _____** **___ Student Rate $1000 in full before first day of training** **___ Student Rate $1500 in payments of $_____ each month (method) _____**
	Venmo @jason-johnson-1050 (the last four digits of my phone are 4858) **Please do not expedite Venmo payments.**
	Check payable to Compass Solutions, 5700 E Franklin Rd STE 120, Nampa, ID 83687

	Name on Credit Card	Card Number	Exp Date	Billing Zip	CVV