



## Training Partnership Memorandum of Understanding

Name of Training Partner: \_\_\_\_\_ hereby agrees to provide the CarePro training as specified in the Training Partner Manual, to include the following:

- Utilize only approved trainers as per the State of Washington requirements for classroom components of the program.
- Ensure that students complete all components of the CarePro training program before they are issued Certificates of Completion.
- Provide payment of enrolled students at the time of enrollment or as provided through an approved billing account.
- Keep account paid current for online component and annual Training Partnership fee.
- Recognize the proprietary nature of the online CarePro course and in no way infringe on the lawfully entitled copyright of any part of this course or program.

Approved Training Partners will as a benefit of their partnership receive:

- A complete Training Partner's Manual that explains how to utilize the course and implement best practices in skills training, as well as training materials required to teach the skills and classroom components.
- A regularly-scheduled webinar for training support, updates and best practice information.
- Technical support to instructional staff and online students, including support in enrolling and completing online training.
- Other support as needed to assist Training Partner in providing a fully compliant caregiver training program.

**The undersigned understand these partnership provisions and agree to offer training in compliance with them.**

**Agreed** on behalf of Training Partner: \_\_\_\_\_ by:

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name & Title



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## Course Fees and Payment Method

**Annual Partnership Fee:** Includes facilitator manual, instructor management tools and unlimited, ongoing customer service/technical support. WHCA Member rate: \$75/year; Non-member rate: \$150/year.

**Student Registrations:** Includes access to all CarePro course materials and unlimited learner services/technical support. WHCA Member rate: \$99<sup>.99</sup> each; Non-member rate: \$124<sup>.99</sup> each

### Payment Method

*(Select one and complete authorization form)*

**CREDIT CARD AUTHORIZATION FORM**

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_VISA    \_\_\_\_\_MASTERCARD    \_\_\_\_\_AMX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PRE-AUTHORIZED ELECTRONIC DEBIT OF BANK ACCOUNT**

Company Name: \_\_\_\_\_

I (We) hereby authorize aQuire Training Solutions, hereinafter called company, to initiate debit entries to my (our) account at the financial institution named below, hereinafter called depository.

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

This authority is to remain in full force and effect until company and depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_

**CORPORATE ACCOUNT**

\_\_\_\_ (please check) if you would like to be sent an application for a business credit account. If approved, this payment option would allow you to receive monthly bills.