

Otto Coaching Group

Consulting Agreement Form (Memorandum of Understanding)

Sports Psychology Consulting Agreement

Client (Mentee) Name: _____

Consultant (Mentor) Name: _____

Date of Agreement: _____

Duration of Agreement: Starting on _____ and ending on _____.

Purpose

The purpose of this agreement is to provide structured consulting support to enhance the Client's development in applied sports psychology. This educational, collegial relationship aims to support the Client's skills and knowledge within the field and is not a supervisory relationship. The Consultant holds no direct or indirect responsibility for the Client's actions, services, or outcomes with clients. The Client agrees to practice solely within the scope of their professional qualifications, adhering to all relevant ethical and legal standards.

Scope of Consulting Services

The Consultant will provide guidance in areas such as psychological research, assessment methods, intervention techniques, business and practice development in sports psychology, and ethical considerations. Both parties agree to jointly establish the topics, techniques, and goals to be covered during the consulting period.

Client (Mentee) Responsibilities

The Client agrees to:

- Hold and maintain any professional licenses required by their state or country.
- Maintain membership in the Association for Applied Sport Psychology (AASP) or another relevant professional organization.
- Abide by the AASP Ethical Principles and Standards or equivalent ethical standards in their profession.
- Hold appropriate malpractice insurance.

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- Provide the Consultant with copies of their license, malpractice insurance documentation, and curriculum vitae.
 - Establish and share learning objectives at the beginning of the consulting period, to be reviewed and agreed upon by both parties.
 - Provide an agenda for each meeting, along with any supporting materials.
 - Maintain a log of consultation hours, topics, cases, and client interactions.
 - Provide ongoing feedback to the Consultant regarding the effectiveness of the consultation process.
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Consultant (Mentor) Responsibilities

The Consultant agrees to:

- Maintain ethical standards and professional listing within relevant registries, such as the AASP, if applicable.
 - Provide general career development guidance and practice development advice.
 - Offer instruction and insights on applied sports psychology knowledge, tools, and techniques.
 - Assist the Client in self-evaluation and setting learning goals.
 - Provide regular feedback to the Client on understanding and application of sports psychology techniques.
 - Keep a record of consultations, including topics and hours covered.
 - Complete any forms or verifications related to consultation hours as requested by the Client.
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Mutual Commitments

Both the Client and Consultant agree to:

- Schedule consultations in advance and honor time commitments.
 - Respect client privacy and confidentiality.
 - Provide ongoing feedback to each other about the consultation process.
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Payment Options and Fee Structure

Consulting fees are set at **\$50 per hour**, with a total of **50 hours of consulting planned**. The total consulting cost is **\$2,500**. The Client may choose one of the following payment options:

Full Upfront Payment

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- **Total Cost:** \$2,500 (10% discount applied)
- **Payment:** Due in full at the beginning of the consultation period.

Installment Payment Plan

- **Initial Payment:** \$1,250 for the first 25 hours.
- **Final Payment:** \$1,250 after the next 25 hours.

Monthly Subscription Plan

- **Monthly Payment:** \$625 per month for four months.

Pay-as-You-Go Option

- **Cost per Session:** \$100 per 2-hour session.
- **Note:** Client may end the engagement at any time.

The selected payment option will be billed according to the above terms. Cancellation without 24-hour notice may result in a full charge for the scheduled session. Credit card information will be held on file for the duration of this agreement, and payments will be processed following each session or according to the selected payment schedule.

Selected Payment Option: _____

Termination of Agreement

This agreement will end on the specified termination date unless extended by mutual consent. Either party may terminate this agreement with a one-week notice. This agreement may also be terminated immediately if the Client violates any part of the AASP Ethics Code or other conditions required by this agreement.

Client (Mentee) and Consultant (Mentor) Signatures

Client (Mentee) Signature: _____ **Date:** _____

Consultant (Mentor) Signature: _____ **Date:** _____

Consultant Contact Information

Name: _____

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Address: _____

Phone: _____

Email: _____