

Registered Intern Payment Agreement

While this document does not obligate me to receive services, I understand that should I receive services, my signature on this document implies it will be treated as a contract.

Today's Date: _____

Intern's Name: _____
First Name Last Name

Registered Intern License Number: _____ Email Address: _____

Phone Number: _____ Birth Date: _____ / _____ / _____

Current Address: _____
Street Address City State Zip

Fees for Supervision Services

I agree to pay Chemika Burkhalter, DHA, LCSW of Essentials for Life, LLC at the following rate: **\$50/hour for Individual (1 or 2 people)**

Payments will be made: _____ Monthly _____ Bi-weekly _____ Weekly

Services offered:

- * Clinical Feedback and Support
- * Clinical Review of Cases and Documentation
- * Individual or Group Meeting
- * Professional Development
- * Support with State Licensure Examination
- * Verification of Hours Obtained
- * Other _____

Cancellations/Lateness/No show/Rescheduling

If you cannot attend a supervision meeting/need to reschedule, please notify me at least **24 hours in advance** of the scheduled appointment time to avoid payment. Notification can be made by leaving a message and/or text at 904.333.9925. You will be charged at the full rate if you miss a scheduled appointment or cancel less than 24 hours in advance. Exceptions can be made for emergencies or serious illness. If you will be late, please call. Once 15 minutes has passed without prior knowledge of you being late, I will consider the appointment a 'no-show' and you will be charged the full fee upon next meeting. 'No show' appointments will not be rescheduled.

Payment Policy

PAYMENTS DUE AT THE TIME OF SERVICE. Payments will be sent via email using PayPal at the email you provided above and in the increments chosen in the "fees for supervision services" section. Remittance of payment is due before or immediately following the session. If payment is not made in the aforementioned timeframe, a \$10 inconvenience fee will be assessed at next session.

I HEREBY CERTIFY that I have read, understand, and agree to the conditions explained above:

Print Name

Signature

Date