

I \_\_\_\_\_ will begin taking Play Therapy classes on September 17, 2021. The 2021-2022 play therapy cohort training will be offered by Grace C Mae Advocate Center. These classes typically take 9 months to complete.

I understand that I have two options (listed below) to cover the cost of the classes:

1. I agree to pay for each class out-of-pocket within five days prior to the beginning of the class. (\$25/CEU)
2. I agree to pay in full for the entire 120 hours, with unlimited supervision option, prior to the beginning of the first class. I understand that with this option, Grace C Mae Advocate Center will provide me with a stipend of \$250 at the completion of the cohort training toward the completion of the remaining 30 hours needed for my Registered Play Therapist (RPT) credential. (\$20/CEU; \$2,400 total cost)

**I have read and fully understand my options and agree to option (choose one):**    1    2

**If choosing option 2, choose one:**

- Pay in full the \$2,400 out-of-pocket prior to the first class.
- Deduct \$100 each paycheck for 12 months, beginning after the end of the last class (24 paychecks)
- Deduct \$66.66 each paycheck for 18 months, beginning after the end of the last class. (36 paychecks)
  
- I understand that if I should leave the employment of GCMAC that the amount remaining becomes due and payable immediately. Any amount remaining unpaid prior to me receiving my last check will be deducted from said check. Any amount not covered by my last check will be paid to GCMAC by me. Failure to pay the remaining amount may result in GCMAC submitting the delinquency to a collections agency to collect the payment on behalf of GCMAC.
  
- I understand this is not a contract for employment. The end of employment may be voluntary or involuntary. Any end to the employee-employer relationship applies to the terms of this agreement.
  
- I understand this is not a contract for supervision, or a guarantee of RPT credentialing status. All criteria set forth by Association for Play Therapy must be met in order to obtain the credential, which Grace C Mae Advocate Center has no influence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance