



Care Enterprise, LLC
Solutions to Complex Problems

PowerfulSTART PHCP Licensing Training for Georgia

******REGISTRATION FORM******

**Private Home Care Provider (PHCP)
Training Location**

Via Skype or Video Conference

Attendee Name: _____
 Name of Company: _____ Phone: _____
 Full Physical Address: _____ Email: _____
 Industry you work in: _____ Years: _____
 Date you want to open your PHCP: _____

Our Three-Hour PowerfulSTART PHCP “Video Call” Training Includes:

1. How to get EIN number, LLC, criminal background clearance
2. Steps to submit application in state's online portal
3. **PHCP policy and procedure manual**
4. Operations forms that state require (included)
5. Table of contents for documents that go in sample resident binder
6. Table of contents for documents that go in sample procedure binder
7. Review list of documents that need to go in each staff personnel file
8. Marketing plan and strategy to get potential clients (over 41 points to cover)
9. Overview of finances needed for startup cost
10. Insight on operating home care business
11. Training materials and documents are sent via email directly to your inbox - *invaluable!*
12. Training certificate

Request Two Training Dates: Date #1 _____ / Date #2 _____

Starting Time Options: ____11:00a.m. ____3:00p.m. ____7:00p.m. (weekdays or weekend)

Training Investment: \$2,700 (Payment can be made in two installments – two 50% payments)

OPTIONS TO REGISTER FOR TRAINING:

• Email registration form to: contact@careenterprisellc.com **OR** Call our office at 770-966-5236 and then email form.

Payment Information: Credit Card Type: _____ Card #: _____

Name: _____ Billing Date: _____ Exp. Date: _____ State: _____

Security Code (on back) ____ Zip Code: _____ **OR** Email for Paypal Payment: _____

Payment Schedule: #1 \$ _____ #2 \$ _____ (Final payment due 7 days before class)

I agree to the training terms and conditions set forth in this registration form. I will be billed according to the terms of the agreement. I understand the training details described in this agreement. I authorize Care Enterprise, LLC to process all payment(s) with the above listed credit card or paypal invoice. Payments are nonrefundable, but can be used towards future training, products, or services.

Signature: _____ Date: _____

Caring Solutions for Complex Problems!