



Care Enterprise, LLC
Solutions to Complex Problems

PowerfulSTART PHCP Licensing Training for Georgia

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

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

Hampton Inn
2775 Cumberland Pkwy SE
Atlanta, GA 30339 (770) 333-6006

Attendee #1: _____ Attendee #2: _____

Name of Company: _____ Phone: _____

Your Physical Address: _____ Email: _____

Industry you work in: _____ Years: _____

Date you want to open your PHCP: _____

2019 Training Dates: “**Private Home Care Provider**” Training times are from 10:00 a.m. to 2:00 p.m.

__ Saturday, February 16, 2019 __ Saturday, May 11, 2019 __ Saturday, August 24, 2019

Onsite Training:

You will receive a 4-hour training certificate with curriculum for our **PowerfulSTART** Private Home Care Provider (PHCP) licensing training, which includes the following:

1. Overview of how to get approved by the state licensing department. We will go over the entire application numbers 1-23, and you will see a completed application, which includes the policy and procedure manual. We will review the licensing application page-by-page and line-by-line. You leave with a completed state licensing application, so you know exactly what to do and how to do it.
2. Learn how to set up your office in order to pass the onsite state inspection.
3. Lunch hour includes catered meal (included in price) and we’ll discuss **marketing, operations** and **finances needed for business**.
4. Materials that come with training include policy and procedure manual, 22+ operation’s forms, training binder, and training certificate.
5. Review and see samples of documents the state surveyor wants to see at the onsite inspection they do not tell you about, or make clear in the rules, regulations or application process.

Training Investment: \$1,995/person / \$2,495/couple (Pay in two installments – two 50% payments)

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. Payments are nonrefundable, but can be used towards future training or products.

Options to Register for Training:

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

Signature: _____ Date: _____

Caring Solutions for Complex Problems!