



PARENT'S TOOLSHOP CONSULTING, LTD.

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PARENT'S TOOLSHOP GROUP FACILITATOR AGREEMENT

Name: _____ Certification Training date: _____

HOME* Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Evening phone: _____

Fax: _____ *E-mail: _____

Please check one: Initial Certification Recertification

Please check which Group Facilitator classification you wish to have:

- PTC Group Facilitator Consultant** (The GFSP Committee will review your evaluation results and notify you of your acceptance as a GF Consultant.)
- Independent Group Facilitator Consultant** If this is the first time you've applied for this classification, please provide proof of consulting/counseling business ownership (a copy of your Certificate of Incorporation, issued by the applicable Secretary of State).
- Associate Group Facilitator.** I hereby verify that I will provide topic programs and full-length *TPT* classes *only* for my employer for my regular salary. If I or my employer want to market my services for a speaker fee, I agree to comply with the GFSP policies regarding fee splits or upgrading my status to "GF Consultant."
- Supporting Group Facilitator.** I hereby verify that I will only *reference TPT* material for topic programs and program series that are *9 total hours or less* through my employer *only*. If I want to offer full-length programs through my employer for a speaker fee, I will upgrade my status to "Associate GF. If I want to provide programs outside my employment for a speaker fee I will upgrade my status to "Group Facilitator Consultant."

I have read the entire Group Facilitator Standards & Practices manual, including the "Group Facilitator Code of Ethics." I hereby confirm my intent to be a professional and ethical Parent's Toolshop Group Facilitator and abide by the current Code of Ethics outlined by my professional/credentialing board, NASW *or* State of Ohio Counselor and Social Worker Board, AND the "Group Facilitator Code of Ethics" and all other policies outlined in the 2000 edition of the "Group Facilitator Standards and Practices Manual."

(Signature)

(Date)

We need to receive *original* signatures on this "Group Facilitator Agreement" to process your certification/recertification.