

Contract for MFR Center Hands-On Mentoring Program

Effective: _____

PARTIES & LOCATION

This contract is made and entered into on _____, between _____
(Mentoring Therapist) and Frances Nicolais (Owner of Myofascial Release Center). Mentoring will take place at:

Myofascial Release Center
3460 Ocean View Blvd., Suite B
Glendale, CA 91208

LENGTH & AMOUNT OF CONTRACT

The contract shall begin as indicated above, for 5 hours of mentoring with a Sr. Staff Therapist and 1-hour hands-on evaluation with Sr. Staff Therapist. This may be repeated three additional times for a total of 24 hours of mentoring. One-time registration fee is \$50 payable to the MFR Center, then \$25 per hour payable to the supervising Sr. Staff Therapist (5 hours total). There is no charge for the 1-hour hands-on evaluation.

MFR CENTER RESPONSIBILITIES

MFR Center will supply all treatment room supplies and clients willing to have a 2nd therapist for their session. No guarantee will be made for any given slot, as final decision will be up to each client.

MENTORING RESPONSIBILITIES

The mentoring therapist will provide **mfrcenter@gmail.com** with their availability each week, according to the schedule below. Lead & Sr. Staff Therapists will confirm slots with willing clients. Once confirmed, the mentoring therapist shall arrive 5-10 minutes prior to the start time and be ready to begin immediately. Mentoring therapist may be asked to do a postural analysis of the client, and/or choose where to begin the session. Mentoring therapist is requested to be open to guidance from both the lead therapist and/or the client.

The mentoring therapist will indicate below, the time frame when they are generally available for each week:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mentoring therapist must also provide a copy of current California State Certification (if applicable) and current Liability Insurance with the MFR Center listed as an additionally insured, as indicated below:

Myofascial Release Center
3460 Ocean View Blvd., Suite B
Glendale, CA 91208
Attn: Frances Nicolais
(818) 945-9731

Accepted by:

Mentoring Therapist, _____

Date

Owner, Frances Nicolais

Date