

Urine Specimen Collector Train-The-Trainer Application

Certified Training Solutions LLC's Urine Specimen Collector Train-The-Trainer program is restricted to applicants who work for a healthcare facility, multi-location collection facilities, or similar entities only. If your application is approved, you are authorized to conduct the hands-on (device proficiency training) ONLY and only with your employees and coworkers (collector students) within your own organization/company/facility.

You agree to purchase a separate online Urine Specimen Collector Procedures training course from Certified Training Solutions LLC for each person that you intend to train.

Print Applicant Name: _____ Date: _____

Applicant Direct email address: _____ Direct (cell) number: _____

By providing your number, you agree to receive text messages from Certified Training Solutions regarding your training.

Company/Facility/Collection Site Name: _____

Company/Facility Website Address: _____

Mailing Address: _____

Physical Address (if different): _____

Applicant's Job Title/Position: _____ Number of Locations: _____

Supervisor Name & Contact Info: _____

1. What type of facility are you with? _____

2. Approximate Total Number of Collectors Employed by Facility/Company: _____

3. Please explain the reason for your application: _____

4. Who do you intend to provide the hands-on training to? (Explain exactly who the trainees will be... i.e. Current staff or current collectors for recertification, your employees, your clinical staff, etc.): _____

5. Outline your experience in training in this field and related experience, such as current experience as a urine collector, collector trainer, etc.: _____

6. How many urine specimen collectors do you anticipate providing training to within (estim.):

a. The first 90 days: _____ b. Months 4-6: _____

c. Months 7-12: _____ d. Annually after the first year: _____

7. How do you intend to conduct hands-on training (webcam, live, or both)? _____

8. Do you intend to provide training to any person who is not an employee of your facility or organization? _____ If so, who? _____

9. Do you currently provide, advertise, or intend to provide collector training services to individuals who are not employees of your organization? **YES / NO**
10. Do you intend to charge any person or outside organization a fee for collector proficiency training? **YES / NO**
11. How many collectors have you provided training to in the past 5 years (if any)? _____

Urine Train-The-Trainer Program Cost (REQUIRED COMPONENTS):

1. Online urine specimen collector for DOT drug testing procedures course, trainer modules, and trainer resources (5-year access granted) -- \$349.99* (required).
 2. Webcam proficiency training (five mock collections class by webcam), \$260.00*
 - A **minimum purchase** of five (5) additional Urine Specimen Collector Procedures (online) courses is required with the purchase of this Train-The-Trainer program in order to be considered/approved. You will be billed at the Trainer Discount Rate based on current list price. Note: Courses expire 12 months from the date of purchase if not used. No refunds.
 3. **Select if you need the following:**
 - ☐ **Training Supply Kits** — Each kit includes 6 DOT split specimen kits and 6 current Federal CCFs for use in mock collection training — \$50.00 per kit.
 - ~ You must have at least one complete set of training supplies available for your own Train-the-Trainer proficiency training. You may use appropriate supplies obtained through your own laboratory/provider, or purchase at least one Training Supply Kit from Certified Training Solutions.
 - Additional Training Supply Kits may be purchased for use with collectors you train after becoming certified. You may order as many kits as needed at \$50.00 each.
- Number of Training Supply Kits requested (\$50 each):** _____

Train-The-Trainer applicants will receive an invoice for a minimum of \$1,204.99*, which includes:

- **\$349.99** – Online **Collector/Instructor Procedures Training Course**, including training resources and **5-year certification**
- **\$260** **proficiency demonstration training class by webcam**
- **\$595.00** – Five required **online procedures courses, plus**
- **Additional selections** from item #3 above (if applicable)

~ For invoicing purposes, please let us know if you need **more than** five (5) additional collector procedures courses initially. Do you need more than 5 courses on your first invoice? **YES / NO**

Total Number of collector procedures courses requested on first invoice (min 5): _____

Upon completing your Collector/Instructor training, you will receive a coupon code that allows you to purchase additional online procedures courses at a \$20 discount per course. These discounted courses can be purchased directly through our online platform.

(Trainer discount rate of -\$20 per course is valid for 5 years from your date of Trainer training. Current pricing for all courses at the time of purchase applies. Pricing is subject to change without notice.)

Attestation and Agreement (legally-binding):

If approved, I understand and agree that I am authorized to conduct hands-on specimen collector proficiency training (mock collections) only, and only for employees of my own company, facility, or organization. I am not authorized to provide the required collector procedures/basic information training or to offer, advertise, or sell collector training services to outside individuals or organizations.

A separate CTS Urine Specimen Collector Procedures course must be purchased in advance for each collector/student I train. If I conduct proficiency training or mock collections without the required course purchase, I agree to pay CTS \$200 per collector/student, in addition to any other amounts or remedies available under this Agreement and applicable law.

All training materials, forms, documents, resources, and other materials provided by Certified Training Solutions LLC ("CTS") are proprietary and copyright protected. I am granted a limited right to use authorized CTS materials solely for permitted training under this Agreement and only while I remain in compliance with its terms. I may not copy, distribute, sell, share, modify, publish, or use CTS materials for unauthorized or outside training. Unauthorized use may result in termination of my authorization and enforcement under applicable state and federal law, including U.S. copyright law.

I agree to provide CTS, upon request, records and information identifying collectors/students I have trained and necessary to verify compliance with this Agreement. If I or the employer/company for which I am providing training receives revenue or other financial benefit from unauthorized training or unauthorized use of CTS materials, I agree to provide CTS with an accounting of such activity. CTS may seek recovery of unpaid course fees, contractual amounts, damages, profits attributable to unauthorized activity, injunctive relief, and other remedies permitted by law.

This Agreement shall be **governed by the laws of the State of Florida**. I consent to the jurisdiction of the courts in the State of Florida and agree that disputes arising from or relating to this Agreement shall be brought and resolved in Florida, subject to applicable federal jurisdiction requirements. In the event of a breach of any part of this Agreement, CTS shall be entitled to recover its reasonable attorney's fees, legal expenses, and costs incurred in enforcing the terms of this Agreement.

These restrictions remain in effect throughout the five (5)-year certification period. Continued use of CTS training materials, forms, documents, resources, branding, names, logos, likenesses, or other proprietary content after the five-year period requires renewal of certification with CTS. If certification is not renewed with CTS, all authorization to use such materials immediately terminates, and they may no longer be used, reproduced, distributed, displayed, or represented as part of any training program.

By signing below, I acknowledge that I have **read, understand, and agree to be legally bound by these terms**.

Applicant Signature: _____ Date: _____

~ Please attach any past collector training records with this application to expedite processing.

*Prices subject to change without notice. Current pricing at the time of purchase/payment applies.

**Return ALL 3 PAGES of the completed application to: Lisa@CertifiedTrainingSolutions.com
Note in subject line: "Urine Collector Trainer Program Application Submitted"**

Office Use Only. Application Received: _____ Date Reviewed: _____

☐ Approved

☐ Denied

Signature of reviewer: _____