



# Sessions Counseling Group

## Associate Agreement



I \_\_\_\_\_ understand and agree with the following terms of  
(Print Name)  
 employment by Sessions Counseling Group.

I understand that...

- Sessions Counseling Group asks MFT Associates to obtain and maintain a minimum of four (4) direct service clients per each weekday allotted and failure to do so may result in termination based upon the discretion of administration.
- Sessions Counseling Group will advertise as a group and direct potential clients to visit the Sessions Counseling Group website where I will have a picture and profile. It is my responsibility to provide picture, profile and my preferred information for direct client contact.
- Notes are required for each client and to be submitted to administration or supervisor weekly. A weekly two hour group supervision will also be required. Individual supervision will be at the discretion of the supervisors.
- I understand I am employed by Sessions Counseling Group under the agreement of a 50/50 profit share of client payments received for services rendered. Although I will have the liberty to set client fees at my discretion, I further understand that I am responsible for a minimum fee of no less than \$40 per session for my participation and supervision under Sessions Counseling Group. All payments to be made to Sessions Counseling Group shall be in the form of check or cash. All checks must be made out to "Sessions Counseling Group."
- Client payments made to Sessions Counseling Group will be processed and my portion will be submitted to a payroll service. MFT Associates payroll for services will be paid out once per month.
- Sessions Counseling Group interns must carry professional liability insurance and add Sessions Counseling Group, Gary Pearle and Brian Carlson onto this policy as additionally insured.
- A refundable office key deposit of \$50.00 will be required upon employment.
- Any pursuance of any promotion/outreach, other than what is provided by Sessions Counseling Group, must have Sessions Counseling Group named as my employer and must have the approval of Sessions Counseling Group administration.

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Signature

Date

California BBS #

(Please provide a copy of your California BBS registration and proof of professional liability insurance with this document)