



## Track A Application Form

*The Fast Track to Becoming a Registered Play Therapist!*

*Please complete this section by filling in the following form with your basic contact and license information.*

Name:		Discipline:	
Title:		Type of Professional License:	
Credentials:		License #:	
Home Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email:	
Employer Name/Address:		City:	State: Zip:
Work Phone:			

**Please initial of the following that apply:**

*The following information is required for all Track A participants. If you have any questions about the information, please contact CBPS by email at [cbps2006@gmail.com](mailto:cbps2006@gmail.com) or by phone at 240-535-1433.*

*Please provide your initials in the box to the left as indication that you agree to each standard:*

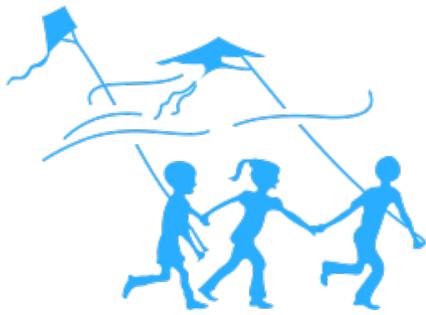
<b>Initials:</b>	
	I agree to complete the Track A curriculum within 2 years of the first training
	I agree to keep track of workshops I have attended so I may give an account of my hours if needed
	I agree to submit a full payment of \$2975.00 to CBPS for my Track A Training. If a credit card is used, please add the cost of the transaction to the amount due
	<b>OR</b>
	I agree to an individual payment plan (\$2,975+ \$125.00) totaling \$3,100.00. The payment plan consists of a \$620.00 down payment immediately followed by 10 consecutive monthly payments of \$248.00
	I agree to pay the late payment fee of \$25.00 if I do not pay on the due date (15th of each month)
	I agree to pay the returned check fee of \$25.00 should the payment not go through
	I understand that there is no refund for the total cost paid to CBPS's Track-A program after 30- days from the first training I attended

### Payment Options

<b>Initials:</b>	<b>I will submit my monthly payment by:</b>
	<b>Paypal:</b> Please provide email address linked to Paypal account:
	<b>Zelle (no fees):</b> Use email <a href="mailto:cbps2006@gmail.com">cbps2006@gmail.com</a> or phone # 240.535.1433
	<b>Credit Card</b> CBPS will send you a copy of our Credit Card Authorization Form to complete electronically.
	<b>Check:</b> Submitted to:  <b>Chesapeake Beach Professional Seminars</b> <b>3555 Ponds Wood Drive, Chesapeake Beach, MD 20732</b> Please make the check out to Chesapeake Beach Professional Seminars

Please provide your signature indicating that you read this entire document and that you agree to the standards of CBPS's Track-A program indicated above via your initials:

Signature:		Date:	
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# Chesapeake Beach

PROFESSIONAL SEMINARS LLC

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV: _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Chesapeake Beach Professional Seminars to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date