Positive Parenting Program – Triple P (Level 4)
Agency Agreement

Upon completion of this application, please email a copy with signatures by TUESDAY, APRIL 30, 2024 to EvidenceToPractice@lsuhsc.edu

ORGANIZATION INFORMATION

NAME OF APPLICANT AGENCY	
AGENCY STREET ADDRESS	
CITY, STATE, AND ZIP CODE	
AGENCY NPI	

TIME COMMITMENT

The Center for Evidence to Practice will be sponsoring one (1) cohort of the Triple P training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in ***ALL TRAINING COMPONENTS LISTED BELOW.*** ***PLEASE CHECK OFF EACH BOX BELOW TO VERIFY PARTICIPATION FROM YOUR PRACTITIONERS:***
☐ **MANDATORY TRIPLE P ORIENTATION: May 21, 2024** from **12:00PM-1:00PM CST**
☐ **TRAINING (PART 1) TRAINING: June 18-20, 2024** from **9:00AM-4:30PM CST**
☐ **PRE-ACCREDITATION (PART 2) TRAINING: July 9, 2024** from **9:00AM-4:30PM CST**
☐ **ACCREDITATION (PART 3) TRAINING: August 5-6, 2024** from **9:30AM-4:30PM CST** **Each practitioner will be assigned a half-day time block to execute accreditation between these two (2) days.*
☐ **MONTHLY CONSULTATION CALLS: 1-Hour Monthly consultation** calls for **six (6) months**

PRACTITIONERS APPLYING FOR TRIPLE P TRAINING

*Please make sure **each clinician listed below** also fills out a **TRIPLE P INDIVIDUAL APPLICATION**. This is **REQUIRED** for the agency/practitioner to be considered for this training opportunity.*

Name	**Role** *(Staff, Supervisor, etc.)*	**License Type** *(LPC, LCSW, etc)*	**Email Address**

AGENCY QUESTIONS

Treatment Modalities and other EBPS: Please describe the services that are currently offered at your agency. Please mention any evidence-based practices that your team implements (examples include Triple P, Multi-Systemic Therapy, Functional Family Therapy, TF-CBT, etc.)	
Caseload: Trainee practitioner(s) may need to reorganize their current caseload to accommodate Triple P training activities and cases. Please briefly explain how ready your agency is prepared to adapt to this change in caseload.	
Referral Pathways: Describe your agency's current sources for child/caregiver referrals. Do you anticipate any challenges in finding families who would be able to receive Triple P?	
Sustainability: Describe your agency's plan for sustaining the implementation of Triple P for the long term. What will be done to maintain the commitment of agency leaders, policies, and retain staff?	

Name of Supervisor: **Date:**

Signature of Supervisor: _____

Note:** This confirms that the supervisor is consenting the agency and individual trainee(s) to participate in this course and complete the additional requirements.* ***Electronic signatures are acceptable*

Name of Administrator: **Date:**

Signature of Administrator: _____

Note:** This confirms that the administrator is consenting the agency and individual trainee(s) to participate in this course and complete the additional requirements.* ***Electronic signatures are acceptable*

DEADLINE TO COMPLETE AGENCY AGREEMENT:
TUESDAY, APRIL 30, 2024

Please email the completed agreement to: EvidenceToPractice@lsuhsc.edu