

# Instructions for Completing Agency Agreements



**NO NEED TO PRINT**  
**Please fill out electronically!**



## Step 1.

**Click “Agency Agreement:”**


*The Agency Agreement specific to that EBP opportunity.*

**Agency Agreement**



## Step 2.

**Please fill out each section!**



**Preschool and Youth PTSD Treatment (PPT/YPT)**  
**Agency Agreement**

**Upon completion of this application, please email a copy with signatures by WEDNESDAY, APRIL 3<sup>rd</sup>, 2024 to [EvidenceToPractice@lsuhsc.edu](mailto: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 the PPT/YPT training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in an **8-hour training day** and **weekly 1-hour consultation calls** for up to 3-6 months.

**PLEASE CHECK OFF EACH BOX BELOW TO VERIFY PARTICIPATION FROM YOUR PRACTITIONERS:**

☐ **8-HOUR TRAINING DAY:** Thursday, May 9<sup>th</sup>, 2024 from 8:30am-4:30pm

☐ **CONSULTATION CALLS:** Attend weekly 1-hour consultation calls with Dr. Devi Murphy following the May training for up to 3-6 months.

**PRACTITIONERS APPLYING FOR PPT/YPT TRAINING**

Please make sure each clinician listed below also fills out an [PPT/YPT Individual Application](#). This is **REQUIRED** for the agency/practitioner to be considered for this training opportunity.

| Name | Role<br>(Staff, Supervisor, etc.) | License Type<br>(LPC, LCSW, etc.) | Email Address |
|------|-----------------------------------|-----------------------------------|---------------|
|      |                                   |                                   |               |
|      |                                   |                                   |               |
|      |                                   |                                   |               |
|      |                                   |                                   |               |

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**Make sure each of your clinicians are available for *EVERY* training day.**

**Make sure *EACH* clinician fills out a Trainee Application.**

**AGENCY QUESTIONS**

|  |  |
|--|--|
| <b>Treatment Modalities and other EBPs:</b> Please describe the services that are currently offered at your agency. Please mention any evidence-based practices that your team implements (examples include Multi-Systemic Therapy, Functional Family Therapy, TF-CBT, etc.) |  |
| <b>Caseload:</b> Trainee practitioner(s) may need to reorganize their current caseload to accommodate PPT/YPT training activities and cases. Please briefly explain how ready your agency is prepared to adapt to this change in caseload.                                   |  |
| <b>Referral Pathways:</b> Describe your agency's current sources for child/caregiver referrals. Do you anticipate any challenges in finding families who would be able to receive PPT/YPT?   |  |
| <b>Sustainability:</b> Describe your agency's plan for sustaining the implementation of PPT/YPT 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:**  
**WEDNESDAY, APRIL 3<sup>rd</sup>, 2024**

Please email the completed agreement to: [EvidenceToPractice@lsuhsc.edu](mailto:EvidenceToPractice@lsuhsc.edu)

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**ELECTRONIC SIGNATURES are accepted!**

## Step 3.

**Email Completed agreement to:**  
**[EvidenceToPractice@lsuhsc.edu](mailto:EvidenceToPractice@lsuhsc.edu)**



**IMPORTANT NOTE:** Please access the Agency Agreement from a **COMPUTER or LAPTOP** to complete all required components.