

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Agency Agreement

Upon completion of this application, please submit a copy with signatures by **SATURDAY, OCTOBER 12, 2024** via the RedCAP application.

ORGANIZATION INFORMATION

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

TIME COMMITMENT

The Center for Evidence to Practice will be sponsoring the TF-CBT training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in **an eleven (11) hour TF-CBT web-based course, MANDATORY Pre-Requisite TF-CBT Assessment Training (2 hours), five (5) days of online training, and up to twelve (12) hours of consultation calls.**

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

- Self-Paced TF-CBT Online Training:** Eleven (11) hours of a web-based course on your own time by **November 8, 2024.**
- MANDATORY Pre-Requisite TF-CBT Assessment Training:** **October 29, 2024** from 9:00AM-1:00PM.
- TF-CBT Learning Session 1 Online Training:** **November 12-14, 2024** from 9:00AM-4:30PM
- TF-CBT Learning Session 2 Online Training:** **February 26-27, 2025** from 9:00AM-4:30PM
- Consultation Calls:** Up to twelve (12) hours of **MONTHLY** consultation calls that are occur throughout **one (1) year.**

PRACTITIONERS APPLYING FOR TF-CBT TRAINING

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

<u>Name</u>	<u>Role</u> (Staff, Supervisor, etc.)	<u>License Type</u> (LPC, LCSW, etc)	<u>Email Address</u>

AGENCY QUESTIONS

<p>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 Multi-Systemic Therapy, Functional Family Therapy, TF-CBT, etc.)</p>	
<p>Caseload: Trainee practitioner(s) may need to reorganize their current caseload to accommodate TF-CBT training activities and cases. Please briefly explain how ready your agency is prepared to adapt to this change in caseload.</p>	
<p>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 TF-CBT?</p>	
<p>Sustainability: Describe your agency’s plan for sustaining the implementation of TF-CBT for the long term. What will be done to maintain the commitment of agency leaders, policies, and retain staff?</p>	

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:

SATURDAY, OCTOBER 12, 2024

Please submit the completed agreement in your RedCAP application.