

Parent-Child Interaction Therapy (PCIT) Agency Agreement

Upon completion of this application, please submit a copy with signatures by SATURDAY, JANUARY 18, 2025 via the REDCap application.

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 PCIT training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in **one (1) Kick Off Call, five (5) days of Learning Session 1, and two (2) days of Learning Session 2, and up to 80% of the Bi-Weekly consultation calls.**

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

<input type="checkbox"/> MANDATORY PCIT Orientation Meeting: February 20, 2025 from T12:00PM-1:00PM CST
<input type="checkbox"/> PCIT Online Training Learning Session 1: March 26-28, 2025 and March 31-April 1, 2025 from 9:00AM-4:30PM CDT
<input type="checkbox"/> PCIT Online Training Learning Session 2: September 18-20, 2025 from 9:00AM-5:00PM CDT
<input type="checkbox"/> Consultation Calls: Up to 80% of Bi-Weekly consultation calls that are occur throughout one (1) year.

PRACTITIONERS APPLYING FOR PCIT TRAINING

Please make sure **each clinician listed below** also fill out a PCIT Application. This is **REQUIRED** for the agency/practitioner to be considered for this training opportunity.

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

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 PCIT 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 PCIT?</p>	
<p>Caseload: Trainee practitioner(s) must reduce their current caseload to accommodate PCIT families. Please briefly explain how ready your organization is for PCIT implementation regarding changes in caseload.</p>	
<p>PCIT Space: Describe current room setup where PCIT can be provided or capacity to build/establish space to accommodate an observation room, a one-way mirror, an office space large enough to include a play area and timeout chair, and a separate timeout room/ space.</p>	
<p>Sustainability: Describe your agency's plan for sustaining the implementation of PCIT for the long term. What will be done to maintain the commitment of agency leaders, policies, and retain staff?</p>	

By signing below, you also commit to supporting clinicians to do the following:

- Attend all training sessions.
- Attend 80% or more bi-monthly group consultation calls.
- Graduate two families from PCIT.
- Submit four videos of treatment sessions or permit a trainer to join four treatment sessions.
- I will ensure that necessary PCIT equipment, space, technology, and materials will be obtained and set up within 1 month of receiving notice of the training acceptance.

Name of Supervisor:

Date:

Email Address:

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 Agency Director:

Date:

Email Address:

Signature of Agency Director: _____

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, JANUARY 18, 2025

Please submit the completed agreement in your REDCap application.