

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

Upon completion of this application, please submit a copy with signatures by **TUESDAY, FEBRUARY 18TH, 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 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: Friday, March 21st, 2025 from 8:30am-4:30pm

CONSULTATION CALLS: Attend weekly 1-hour consultation calls with Dr. Devi Murphy following the March 21st 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 Application](#). This is **REQUIRED** for the agency/practitioner to be considered for this training opportunity.

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

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 Multi-Systemic Therapy, Functional Family Therapy, TF-CBT, etc.)	
Caseload: 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.	
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 PPT/YPT?	
Sustainability: 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:

Email of Supervisor:

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 of Agency Director:

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:

TUESDAY, FEBRUARY 18th, 2025

Please email the completed agreement in your REDCap application.