

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

Upon completion of this agreement, please submit a signed copy with your [REDCap application](#) by **FRIDAY, APRIL 25, 2025.**

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 14, 2025, from 12:00PM-1:15PM CDT

☐ **TRAINING (PART 1) TRAINING:** June 11-13, 2025, from 9:00AM-4:30PM CDT

☐ **PRE-ACCREDITATION (PART 2) TRAINING:** July 16, 2025, from 9:00AM-4:30PM CDT

☐ **ACCREDITATION (PART 3) TRAINING:** July 29-30, 2025, from 9:00AM-5:00PM CDT

**Each practitioner will be assigned a half-day time block to execute accreditation between these two (2) days. (Time Slot #1: 9am-12:30pm OR Time Slot #2: 1:30pm-5:00pm)*

☐ **MONTHLY CONSULTATION CALLS:** 1-Hour Monthly consultation calls for six (6) months between July 2025 to December 2025.

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.

<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 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:

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 agency director 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:

FRIDAY, APRIL 25, 2025

Please submit the completed agreement in your [REDCap application](#).