

Child-Parent Psychotherapy (CPP) Agency Agreement

Upon completion of this application, please submit a copy with signatures by WEDNESDAY, AUGUST 6, 2025, via the [CPP REDCap application](#).

AGENCY INFORMATION

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

TIME COMMITMENT

The Center for Evidence to Practice will be sponsoring one (1) cohort of CPP training in 2025. Applicants must commit to participating and attending **ALL training days and consultation calls**. **PLEASE CHECK OFF EACH BOX BELOW TO VERIFY COMMITMENT:**

<input type="checkbox"/> PRE-TRAINING INTRODUCTION: The applicant(s) are able to attend SEPTEMBER 15, 2025 from 11:00am-1:00pm CDT.
<input type="checkbox"/> CPP LEARNING SESSION 1: The applicant(s) are able to attend OCTOBER 6-8, 2025 from 8:30am-5:00pm CDT.
<input type="checkbox"/> CPP LEARNING SESSION 2: The applicant(s) are able to attend APRIL 9-10, 2026 from 8:30am-5:00pm CDT.
<input type="checkbox"/> CPP LEARNING SESSION 3: The applicant(s) are able to attend OCTOBER 7-8, 2026 from 8:30am-5:00pm CDT.
<input type="checkbox"/> WEEKLY CONSULTATION CALLS: The applicant(s) are able to attend 1-hr weekly consultation/supervision calls for 18 months.

TRAINEES APPLYING FOR INTRODUCTION TO CPP TRAINING:

Each of these individuals listed below, must complete a [CPP REDCap Application](#), and submit this agency agreement with their application.

<u>NAME</u>	<u>ROLE</u> <i>(Clinician, Supervisor, Administrator, etc.)</i>	<u>LICENSE TYPE</u> <i>(LPC, LCSW, etc)</i>	<u>EMAIL ADDRESS</u>

AGENCY QUESTIONS

CPP requires full agency support when participating in this training. For each response below, please answer in **150-200 words**.

EXECUTIVE SUMMARY	
<i>Please provide rationale why your agency and listed trainee(s) should be selected to participate in the CPP training.</i>	
POPULATION SERVED	
<i>Describe the geographic area and population served at your agency. Include an estimate of the number of children ages 0-5 years that are currently served. Additionally, please mention any unique characteristics of the population.</i>	
<i>Of children aged 0-5 served by your agency, what percentage have experienced trauma?</i>	
<i>CPP clients are expected to be seen weekly. Are weekly 45-60 minute sessions possible given agency policies and caseloads?</i>	
<i>How many sessions are you able to provide for children and caregivers served by your agency?</i>	
<i>Is there a limit to the number of sessions your agency can provide? If so, how many sessions are the maximum possible? CPP is a longer-term treatment.</i>	
<i>Is reflective supervision provided at your agency? If so, what is the frequency?</i>	
REFERRAL PATHWAYS	
<i>Describe your agency's current sources for clinical referrals. Do you anticipate any challenges in finding clients who would benefit from the CPP model?</i>	
CASELOAD	
<i>Please briefly explain how the CPP training can be incorporated into existing services being provided.</i>	
TREATMENT MODALITIES AND OTHER EBP'S	
<i>Please describe the services that are currently offered at your Agency. Please mention any evidence-based practices that your team implements (examples include EMDR, TF-CBT, etc.)</i>	

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 training opportunity. *Electronic signatures are acceptable*

Name of Agency Director:

Date:

Email of Agency Director:

Signature of Administrator: _____

Note: This confirms that the administrator is consenting the agency and individual trainee(s) to participate in this training opportunity. *Electronic signatures are acceptable*

DEADLINE TO COMPLETE AGENCY AGREEMENT:

WEDNESDAY, AUGUST 6, 2025

Please submit the completed agreement in your REDCap application.