

Parent-Child Interaction Therapy (PCIT) Agency Agreement

Upon completion of this agreement, please submit a signed copy with your REDCap application by SUNDAY, OCTOBER 26, 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 the PCIT training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in **one (1) Mandatory Orientation 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: Wednesday, December 10, 2025, from 12:00pm-1:00pm CST
<input type="checkbox"/> Virtual Learning Session 1: Weds.-Fri. & Mon.-Tues., January 7-9 & 12-13, 2026, from 9:00am-5:00pm CST
<input type="checkbox"/> Virtual Learning Session 2: Thurs-Fri. April 30-May 1, 2026 from 9:00am-5:00pm CDT
<input type="checkbox"/> Consultation Calls: Up to 80% of Bi-Weekly consultation calls that are to occur throughout one (1) year.

PRACTITIONERS APPLYING FOR PCIT TRAINING

Please make sure **each clinician listed below** also fills out a **PCIT 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

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.)

Trainee(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.

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?

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?

How many people in your agency have been trained in PCIT (#)?

If your agency leadership is interested in attending a 1-hour PCIT implementation discussion BEFORE the training begins, please provide their FIRST and LAST NAME(S) as well as their EMAIL below; use the checkbox to indicate if any of the agency leadership would be interested in auditing the PCIT training to better support staff:

<u>First</u>	<u>Last</u>	<u>Email</u>	<u>Audit</u>

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.
- 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 accepted and preferred

Name of Agency Director:

Date:

Email Address:

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 accepted and preferred

DEADLINE TO COMPLETE AGENCY AGREEMENT:

SUNDAY, OCTOBER 26, 2025

Please submit the completed agreement in your REDCap application.