

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

**Upon completion of this agreement, please submit a signed copy with your REDCap application by
THURSDAY, FEBRUARY 19, 2026.**

ORGANIZATION INFORMATION

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

TIME COMMITMENT

<p>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 <i>an 8-hour training day and weekly 1-hour consultation calls for up to 3-6 months.</i></p> <p>PLEASE CHECK OFF EACH BOX BELOW TO VERIFY PARTICIPATION FROM YOUR PRACTITIONERS:</p> <p><input type="checkbox"/> VIRTUAL 8-HOUR TRAINING DAY: Monday, March 16, 2026, from 8:30am-4:30pm CDT</p> <p><input type="checkbox"/> CONSULTATION CALLS: Attend weekly 1-hour consultation calls with Dr. Devi Murphy for up to 3-6 months following the March 16th training day.</p>

PRACTITIONERS APPLYING FOR PPT/YPT TRAINING

Please make sure **each clinician listed below** also fills out a **PPT/YPT 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

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 PPT/YPT training activities and cases. Please briefly explain how prepared your agency is 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 PPT/YPT?

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?

How many people in your agency have been trained in PPT/YPT (#)?

If your agency leadership is interested in attending a 1-hour PPT/YPT implementation discussion BEFORE 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 PPT/YPT training to better support staff:

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

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:

THURSDAY, FEBRUARY 19, 2026

Please submit the completed agreement in your REDCap application.