

Trauma and Grief Component Therapy for Adolescents (TGCTA) Agency Agreement

**Upon completion of this agreement, please submit a signed copy with your REDCap application by
FRIDAY, MARCH 20, 2026.**

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 TGCTA training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in **a 2-Day training day and monthly 1-hour consultation calls for up to 6 months.**

PLEASE CHECK OFF EACH BOX BELOW TO VERIFY PARTICIPATION FROM YOUR PRACTITIONERS:

MANDATORY TGCTA Orientation and Leadership Meeting: Tuesday, April 21, 2026 from 12:00pm-1:00pm CDT

VIRTUAL 2-DAY TRAINING: Wednesday-Thursday, May 13-14, 2026 from 9:00am-4:30pm CDT

CONSULTATION CALLS: Attend **monthly 1-hour consultation calls** with a trainer from the Lucine Center Team **for up to 6 months** following the May training days.

PRACTITIONERS APPLYING FOR TGCTA TRAINING

Please make sure **each clinician listed below** also fills out a **TGCTA Application**. This is **REQUIRED** for the agency/practitioner to be considered for this training opportunity.

<u>Name</u>	<u>Role</u> (Staff, Supervisor, etc.)	<u>License Type</u> (LPC, LCSW, etc)	<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 TGCTA 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 adolescent/caregiver referrals. Do you anticipate any challenges in finding families who would be able to receive TGCTA?

Describe your agency’s plan for sustaining the implementation of TGCTA 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 TGCTA (#)?

If your agency leadership is interested in attending a 1-hour TGCTA 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 TGCTA 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:

FRIDAY, MARCH 20, 2026

Please submit the completed agreement in your REDCap application.