Child-Parent Psychotherapy (CPP)
Agency Agreement

Upon completion, please submit a signed copy with your REDCap application by SUNDAY, SEPTEMBER 27, 2026.

ORGANIZATION INFORMATION

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

TIME COMMITMENT

The Center for Evidence to Practice will be sponsoring the CPP training. The applicant(s) agency must support the practitioner(s) ability to commit to participating in ***one (1) Mandatory Pre-Work Call, seven (7) days of training, and up to 70% of the Bi-Weekly consultation calls.*** This is a **requirement** to participate in this training opportunity. ***PLEASE CHECK OFF EACH BOX BELOW TO VERIFY PARTICIPATION FROM YOUR PRACTITIONERS:***
☐ **MANDATORY Pre-Work Session:** Monday, October 19, 2026, from 1:00pm-3:00pm CDT
☐ **Learning Session 1:** Wednesday-Friday, November 4-6, 2026, from 8:30am-5:00pm CST
☐ **Learning Session 2:** Thursday-Friday, April 8-9, 2027, from 8:30am-5:00pm CDT
☐ **Learning Session 3:** Thursday-Friday, October 7-8, 2027, from 8:30am-5:00pm CDT
☐ **Consultation Calls: At minimum, 70% of Semi-Monthly consultation calls, which** are to occur over the course of **eighteen (18) months.**

PRACTITIONERS APPLYING FOR CPP TRAINING

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

NAME	**ROLE** *(Staff, Supervisor, etc.)*	**LICENSE TYPE** *(LPC, LCSW, etc.)*	**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: MST, FFT, TF-CBT, etc.)

Trainee(s) may need to reorganize their current caseload to accommodate CPP 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 CPP?

Describe your agency's plan for sustaining the implementation of CPP for the long term. What will be done to maintain the commitment of agency leaders, policies, and retain staff?

Does your agency currently have clinicians that are CPP Trained/Certified or are in the process of becoming CPP Trained/Rostered? If so, how many and what current support is provided at your agency to those clinicians to execute the CPP model?

If your agency leadership is interested in attending a 1-hour CPP 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 CPP training to better support staff:

First	**Last**	**Email**	**Audit**
			☐
			☐
			☐
			☐
			☐

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 accepted and preferred

Name of Agency Director: **Date:**

Email of Agency Directors:

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, SEPTEMBER 27, 2026

Please submit the completed agreement in your REDCap application.