Mayerson Center Training Opportunities

Application for Level 1 Trainer Course

Agency Information (If Applicable)

Agency name:
Agency mailing address:
Agency main phone number:

Clinician Demographics

Name:

Job Title:

Phone:

Fax:

E-mail:

Length of time in current agency position:

Length of time at agency:

Employment Status

Contract employee: ☐ Yes ☐ No Full Time: ☐ Yes ☐ No Part Time: ☐ Yes ☐ No

Degree:

Licensure Status:

License Number:

Please identify any other clinicians applying to this training from your agency:

Are you certified as a PCIT Therapist through PCIT International?

Agency/Practice Overview

1. Briefly describe your agency or practice. Please include:
    a. Type of organization
    b. Number of clinical practice sites
    c. Client population
    d. Key PCIT referral sources

2. Will you have at least one identified therapist you will be training by the beginning of the workshop? ☐ Yes ☐ No

    Please list the name(s) and credentials:

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3. Please describe your previous training in PCIT:
    a. When was this training received?
    b. Who were the trainers involved?
    c. Did this training include follow up case consultation?
    d. Have you received any continuing education/advanced training in PCIT?
        i. If yes, please describe the advanced training (e.g., attending the annual PCIT conference, attending workshops, continued consultation with a master trainer)?
    e. Approximately how many PCIT cases have you seen subsequent to your initial training?
    f. Approximately how many PCIT clients are you currently seeing?

Clinical Space and Technology

4. Does your agency have space and equipment for providing PCIT?

- A stripped / empty therapy room and separate observation room with either a two-way mirror or video monitoring. ☐ Yes ☐ No

- A communication system (e.g., speaker system, in-room phone, bug-in-the-ear) allowing the therapist (in a separate room) to speak to the parent during parent-child interaction. ☐ Yes ☐ No

- Recording equipment, allowing the trainer to see and hear the parent as well as hear the therapist's coaching simultaneously. ☐ Yes ☐ No

If these resources are not in place, please describe your agency's plan to obtain this space and equipment prior to the first training.

5. Does your agency have a dedicated I.T. professional that can assist with technology? ☐ Yes ☐ No

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6. Please indicate what you are hoping to achieve from this training. Are there specific areas you are hoping to cover? (i.e., DPICS coding, CDI coaching, etc.).

7. Please list any evidence-based practices you currently use in your practice, regardless of whether they are child/family focused.