

Trauma Focused Cognitive Behavioral Therapy TF-CBT

Name of Staff to be trained: _____

Department: _____ Highest Level of Education: _____

Name of Supervisor: _____

Targeted Symptoms: Trauma (including complex trauma, and traumatic grief and loss)

Targeted Age Range: 3-18

Certification Requirements:

1. Participate in the FREE 10-hour online training (must bring certificate to initial training)
2. Attend a 2-day initial training with a national trainer
3. Participate in twice monthly consultation groups with approved TFCBT agency supervisor
4. Attend a 1-day booster training within 6 months of initial training
5. Submit up to two audio recordings of the trauma narrative reprocessing session (only need one to pass to get approval)

****All certification requirements must be completed within a year from your initial training****

How many current clients to you see under PEI funding? _____

What other EBPs have you been trained in?

1. _____
2. _____
3. _____
4. _____

Are you currently in the process of getting certified in any of the above EBPs? Yes No
If yes, which one _____

By submitting this request, you are agreeing to the following:

I understand that I am expected to complete all necessary certification requirements following my initial training. I also understand I am expected to attend an Outcome Measure Training for the required PEI outcome measures if I haven't already done so.

You and your supervisor will be notified when a training becomes available. If you are unable to attend the date(s), your request for training will maintain in the queue for the next available training date.

Thank you for your interest!!