

**Within Agency Trainer (“Within Program Trainer”)**

**Application**

**Purpose:** These requirements are consistent with the *Training Requirements for Certification as a Within Agency Trainer* (WAT). The most current version of the WAT Requirements are posted on the PCIT International website ([www.pcit.org](http://www.pcit.org)). These requirements represent what PCIT experts consider to be the minimum training and skill qualifications necessary for an WAT.

**Process:** Please note that the certification process for becoming an WAT has multiple steps to demonstrate competence as a PCIT trainer, summarized as follows:

1. Documentation of appropriate professional education and previous experience as a PCIT Therapist.
2. Successful completion of an WAT Course or training program, including associated case experience, skill review, and consultation from a Global Trainer (GT) or Regional Trainer (RT) for at least 12 continuous months with a frequency of at least once a month contact.
3. Successful completion of the WAT Certification Application, including letter of recommendation to PCIT International from an GT or RT attesting to the WAT applicant’s competencies.

**\*\*Please note that to successfully complete the certification process to become an WAT, applicants must *demonstrate competence* in core areas of the PCIT protocol and PCIT training. PCIT International reserves the right to deny certification to any individual if minimum standards of competence are not met and appropriately documented, as outlined in the *Training Requirements for Certification as a Within Agency Trainer.*\*\***

**Scope and Limitations of Within Agency Trainership**.

WATs are individuals who have received such PCIT training as to be qualified to teach and supervise therapists at their own program or agency, with a scope of trainership that is limited to their site or agency. Within Agency trainers must be able to provide 20 hour of co-therapy or live supervision to their trainees unless granted special exemption from PCIT International.

WATs have not documented the experience or expertise to conduct large-scale trainings or to train therapists not under their direct, live supervision for PCIT cases. WATs have not documented the experience or expertise to train other WATs unless they are assisting a RT or GT.

**Application Process and Instructions:**

* Completed applications may be sent via scanned .pdf file to [pcitcertify@gmail.com](mailto:pcitcertify@gmail.com) with $90.00 payment via credit card through the PCIT store at [http://www.pcit.org/store/p13/within agency\_PCIT\_Trainer\_Certification.html](http://www.pcit.org/store/p13/within%20agency_PCIT_Trainer_Certification.html)
* OR

Applications may be sent through the mail with a check for $90.00 made payable to **PCIT International** to

PCIT Certification

P.O. Box 47

Milligan College, TN 37682

* When a completed application is received, it will be assigned to a PCIT certification reviewer. The applicant will be notified via email within 3-5 business days after the application has been received and assigned. The reviewer will determine whether the applicant has met the minimal training guidelines. The applicant should allow at least 2 weeks for processing beyond the review assignment date to receive the results of the review.
* If determined that the applicant’s training has met current training guidelines, the applicant will be assigned a username and password allowing access to the PCIT Certification Experience and exam. The applicant will receive immediate feedback regarding their exam performance via the web. Within 5 to 10 business days after successfully passing the exam, the applicant will receive official notification of PCIT certification.
* If the applicant’s training is judged to not meet the training guidelines or the application is incomplete, the applicant will not be permitted to take the PCIT Certification Experience required for the award of certification. The applicant will receive personalized feedback regarding further training needs, and the applicant’s certification fee will be refunded minus a $55 review fee. Incomplete applications will remain open for one year from the date of submission, during which time the applicant may provide additional documentation without having to reapply.
* Email is the primary method used by PCIT International to communicate with applicants. Communications will occur within the outlined time schedule. Checking and responding to your email frequently can expedite the application process. PCIT International is not responsible for messages that are not received in a timely manner due to the applicant’s failure to check email, the applicant’s failure to notify PCIT International of an email address change, or email that is undeliverable due to applicant email server restrictions (e.g., full mailbox). To ensure that important messages from PCIT International are not blocked by SPAM and junk email filters, add pcitcertify@gmail.com to your address book.

**Fees**

|  |  |
| --- | --- |
| Application Review Fee: | $55.00 |
| Certification Processing and Recording Fee: | $35.00 |
| **Total PCIT Within Agency Trainer Certification Experience Fee:** | **$90.00** |
|  |  |
| Returned Check Fee: | $50.00 |

**WAT Application**

**IDENTIFYING INFORMATION FOR THE WEBSITE LISTING**

**(Please leave a field blank if you do not wish it posted on the website)**

|  |  |
| --- | --- |
| **Full Name and Credentials:** |  |
| **Agency/Institution:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Payments accepted, please check all that apply:** | \_\_\_\_\_Free; restrictions apply (e.g., grant or study eligibility)  \_\_\_\_\_Federal insurance programs (e.g., Medicaid, Medicare, government  insurance, national health insurance)  \_\_\_\_\_Private health insurance (HMOs, PPOs, HSAs)  \_\_\_\_\_Out-of-network provider (billed for services and submit to insurance  for reimbursement)  \_\_\_\_\_Self-pay sliding scale (based on family income)  \_\_\_\_\_Self-pay professional rate |

**Personal Contact Information**

**(If different from website posting)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Agency/Institution:** |  | | |
| **Address:** |  | | |
| **City, State, Zip** |  | | |
| **Phone number:** |  | | |
| **Email:** |  | | |
| **Years of Clinical Practice:** |  | **Years at Current Agency:** |  |
|  |  |  |  |

**GRADUATE EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Highest Degree Completed (MS, PhD, PsyD, etc.):** |  | **Field of highest degree completed (social work, counseling psychology, clinical psychology, etc.):** |  |
| **Date of Degree**  **(MM/YYYY):** |  | **Institution:** |  |
| **Licensure** | **State** | **Type**  **(LCSW, LMFT, LPC, HSP, etc.)** | **Number** |
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**Are you a doctoral student CURRENTLY completing a predoctoral internship or postdoctoral fellowship? ☐ Yes ☐ No**

**If yes, complete the following regarding your CURRENT internship or postdoctoral fellowship:**

|  |  |
| --- | --- |
| **Agency/Institution:** |  |
| **Supervisor/Credentials/ Licensure:** |  |
| **Supervisor email:** |  |

**CASE EXPERIENCE AS A PCIT THERAPIST**

Please document the cases you have completed as a therapist (4 cases to graduation criteria required):

|  |  |  |
| --- | --- | --- |
| **Date Case Completed**  **(4 most recent cases)** | **PCIT Manual Used**  **(e.g., 2009, 2011)** | **Therapist Role**  **(e.g., primary therapist, equal co-therapist, etc.)** |
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**What are the total number of PCIT cases you have completed as a primary therapist or co-therapist (not in supervisory role) to graduation criteria?**

**CERTIFICATION AS A PCIT THERAPIST**

1. **Are you currently a PCIT International Certified PCIT Therapist? ☐ Yes ☐ No**

**CASE EXPERIENCE AS A PCIT TRAINER**

Please document the therapists you have trained while under supervision/consultation with a PCIT trainer (at least 1 case to graduation criteria required):

|  |  |  |
| --- | --- | --- |
| **Date Therapist Completed Training**  **(3 most recent cases)** | **PCIT Manual Used**  **(e.g., 2009, 2011)** | **Trainer Role**  **(e.g., primary supervisor, co-trainer etc.)** |
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**What are the total number of PCIT cases you have supervised to graduation criteria?­**

**TRAINING AS A PCIT TRAINER**

Please describe the training you received to become a PCIT Trainer:

**Face-to-Face (Didactic) Training:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainer Name:** |  | | |
| **Trainer Affiliation:** |  | | |
| **Site of Training:** |  | | |
| **Format of Training (e.g., 8-hour course, co-training with a Global Trainer or Regional Trainer):** |  | | |
| **Date Training Began (MM/YYYY):** |  | **Date Training Ended (MM/YYYY):** |  |
| **Total Hours PCIT Trainer Training Received:** |  | | |

**Please discuss any further experiences that you have had that would qualify you as a PCIT Trainer:**

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**ADDITIONAL MATERIALS**

**Please indicate that you have attached the following documentation for verification:**

|  |  |
| --- | --- |
| **C:\Users\Owner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BRZBNE2F\MC900434713[1].wmf** | **Item** |
|  | **Copy of your license or a copy of your supervisory agreement indicating whose license is covering you.** |
|  | **Documentation of successful completion of an WAT Course or training program** |
|  | **Documentation of 12 months of consultation from a Global or Regional Trainer** |

**AGENCY READINESS ASSESSMENT**

**Briefly describe your agency:**

|  |  |
| --- | --- |
| Type of Organization |  |
| Size of Clinical Staff |  |
| Size of Support Staff |  |
| Types of services provided (i.e., outpatient, residential, in-home, etc.) |  |
| Number of Years in Operation |  |

**Eligibility affidavit\*\***

MANDATORY QUESTIONS

1. Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of PCIT services and/or jeopardize public health and safety?

**☐ Yes ☐ No Explain any “YES” responses on an attached sheet of paper.**

1. Have you been subject to an investigation or disciplinary action by a health care organization, professional association, governmental entity, or regulatory or licensing agency or authority, and/or have you ever been convicted, found or entered a plea of guilty, or are you presently being investigated or charged with any felony or misdemeanor directly relating to PCIT services or public health and safety?

**☐ Yes ☐ No On an attached sheet of paper you must identify *ALL*** **investigations, allegations, charges and outcomes. Attach documentation if available.**

Note: If you are currently imprisoned, on probation or parole or involved in a case being appealed, PCIT International may deny certification or recertification until three (3) years following the exhaustion of your appeal, completion of probation or parole, or final release from imprisonment, whichever is later**.**

**YOU MUST NOTIFY PCIT INTERNATIONAL IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY A RESPONSE YOU HAVE PROVIDED ON THIS APPLICATION.**

**MANDATORY CERTIFICATION PROCESSING AGREEMENT\*\***

PCIT International agrees to process this application subject to your agreement to the following terms and conditions:

1. It is the policy of PCIT International not to release candidate information provided and contained in PCIT International applications, unless such information is requested by a state or federal licensing authority, agency, court of law, or otherwise properly subpoenaed.
2. PCIT International offers an online Certified Therapist and Trainer Registry to successful applicants. By applying, you authorize PCIT International to publish and/or release your successful certification or recertification status on the Certified Therapist and Trainer Registry.
3. To hold PCIT International harmless, and to waive, release and exonerate PCIT International, its officers, directors, employees, committee and task force members, and agents from any claims that you may have against PCIT International arising out of PCIT International’s review of this application, or any future applications relating to eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, issuance of a disciplinary (professional conduct) sanction or decision, and/or publication or third-party disclosure of information related to the status of your application for certification by PCIT International.
4. To accurately identify to others (including employers and clients) that PCIT International certification, if granted, acknowledges that you have met PCIT International’s minimum standards, but does not warrant or guarantee your competence to provide professional services, and to indemnify PCIT International from and against any liability that may arise from PCIT International’s issuance of your certification or recertification and your professional practice.
5. To provide only information in your application to PCIT International that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to PCIT International be found to be false or inaccurate.
6. Once your application is approved by PCIT International, you will receive notification within 5-10 business days. Your website listing will be changed to reflect your Within Agency trainer status and you will be listed on the Within Agency Trainer webpage.

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**Aknowledgments/ATTESTATION**

**I acknowledge the following:**

|  |  |
| --- | --- |
| **Initials** | **Acknowledging Statements** |
|  | **I understand that final decisions about Certification of PCIT Within Agency Trainers will be made by PCIT International.** |
|  | **I have read and understand the Eligibility Affidavit and Mandatory Certification Processing Agreement.** |

**I attest that the information I have provided herein this application and accompanying materials is a true and accurate representation of my experiences and abilities.**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Signature:** |  | **Date:** |  |

**\*May insert electronic copy of written signature; or print, sign, and scan this page of the form to a PDF file.**