



CPP Learning Collaborative

Minimum Training Requirements Verification Form (v. 2018)

Please indicate below, whether you completed each training requirement	Response (check one)	
	No	Yes
1. Attended Core CPP Didactics (18 hours minimum)		
2. Read CPP manual: <i>Don't Hit My Mommy</i>		
3a. Provided CPP to children under age 6 who have experienced at least one traumatic event <ul style="list-style-type: none"> • *Clinician Participants treated at least 4 CPP cases in the 18-month period • Supervisor Participants treated at least 2 CPP cases in the 18-month period <p>*Acceptable Exceptions for Clinician Participants: : 1 of the 4 cases may involve either: 1) a pregnant mother or a baby under 18 months of age, where the caregiver's experience of trauma or other mental health conditions (e.g. depression) is the primary reason for referral; or 2) a child who has experienced a trauma but is age 6 at referral. On occasion, a trainer may grant an exception if a child is under 8 but has significant developmental delays.</p> <p>NOTE: If no, you can complete this requirement within three years of finishing an LC if you treated at least one case for at least 16 sessions, completed all other LC components, continue in CPP supervision (2x month) at your agency with a supervisor trained in CPP until you complete this requirement, and advise your trainer when done.</p>		
3b. Treated at least two families for at least 16 sessions.		
3c. Conducted dyadic sessions with at least two families		
3d. Had at least 1 case that started at the beginning and included the foundational phase		
4. Attended reflective CPP supervision at least twice a month (25 hours minimum)		
5. Participated in consult calls (attended a minimum of 23 calls)		
6. Presented at least two twice on consult calls unless group size did not permit		
7a. Attended Learning Session 2: intensive CPP Competency Workshops		
7b. Attended Learning Session 3: Intensive CPP Competency Workshop		
8. Completed Fidelity Forms for at least two CPP cases		
9. Completed any additional LC metrics required by training team or system		

By signing, you acknowledge that you have completed the minimum requirements for a CPP LC.

Training Participant name (please print)

Training Participant Signature & Date

License number and state

Agency name (please print)

If therapist is unlicensed, please have the supervisor sign below.

Supervisor name (please print)

Supervisor Signature & Date