UNIVERSITY OF CINCINNATI (UC)
ADVANCED PRACTICES FOR COGNITIVE BEHAVIORAL INTERVENTIONS (AP)
TRAINING-OF-TRAINERS (TOT) MEMORANDUM OF UNDERSTANDING

Under this Agreement, __________________________ (PRINT AGENCY TRAINER NAME), from ______________________________ (PRINT AGENCY NAME), I consent to the following:

(a) I acknowledge and understand UC’s *Advanced Practices for Cognitive Behavioral Interventions* (AP) training-of-trainers’ protocol as outlined in the attached description (see attachment A).

(b) I forfeit all rights to train UC’s *Advanced Practices for Cognitive Behavioral Interventions* (AP) material upon termination of employment with the contracting agency, full-time, part-time or contractual, unless granted specific permission by the University of Cincinnati Corrections Institute (UCCI).

(c) I will not train UC’s *Advanced Practices for Cognitive Behavioral Interventions* (AP) outside of my employment or current relationship with the contracting agency, as an independent contractor or consultant, either for profit, or in any way that competes with the training offered by the University of Cincinnati Corrections Institute (UCCI).

(d) Upon completion of each training session, I will submit the names/titles/email addresses of all trainees who completed the full end user training (if applicable, identifying pass/fail status of certification exam) to the University of Cincinnati Corrections Institute (UCCI) via email at corrections.institute@uc.edu.

(e) I recognize that the University of Cincinnati holds ownership and copyright of UC’s *Advanced Practices for Cognitive Behavioral Interventions* (AP) training program, and as such I will abide by all copyright laws and restrictions as outlined by the curriculum.

__________________________________________________________
Trainee Date

__________________________________________________________
University of Cincinnati Representative Date