

# *NCA net* Participation Agreement Form

August 1, 2009-July 31, 2010

This form is intended for those Children's Advocacy Centers and/or Multidisciplinary Teams working toward a CAC who elect to participate in this national videoconference program. The form outlines the obligations of sites and will be used to determine acceptance to participate in the *NCA net* program. Sites will not be eligible for participation until this form is completed to the satisfaction of the Midwest Regional Children's Advocacy Center (MRCAC) and the equipment at the site meets the minimum specifications for this program.

## **Please initial each section:**

\_\_\_\_\_ I understand we are required to assign an on-site coordinator. The role of the on-site coordinator is to provide a communication link between the MRCAC and the staff and team of the CAC.

\_\_\_\_\_ Upon joining *NCA net* I understand we will be asked to submit profile information regarding our CAC as well as periodically throughout our participation on the program.

\_\_\_\_\_ I understand we are responsible for all of our site's equipment costs. This may include initial start up equipment, on-going maintenance or replacement costs.

\_\_\_\_\_ I understand we are responsible for all connection charges. These costs typically include but are not limited to ISDN line installation, internal wiring, maintenance or replacement of lines, monthly charges for lines, and all long distance or usage charges.

\_\_\_\_\_ I understand we are required to participate in at least one videoconference clinical initiative (forensic interview peer review, medical peer review, MDT Case Review) each month, on a consistent basis, same day each month.

\_\_\_\_\_ I understand that we are required to complete all necessary paperwork including, scheduling request forms, evaluation forms, confidentiality forms/agreements etc.

\_\_\_\_\_ I understand that we will be required to present cases during our participation on peer review sessions. I further understand this will be scheduled in advance and that if an urgent case presents we may request assistance with said case.

\_\_\_\_\_ I understand that we are expected to comply with and cooperate with the Standards of Behavior for this program as directed by the moderators and the MRCAC.

\_\_\_\_\_ I understand that we may not record any of the *NCA net* sessions without prior expressed permission from the MRCAC and the presenter/presenting site.

## **Contact Information**

I, the undersigned, have read and understand the conditions outlined in the *NCA net* Participation Agreement Form. By signing this statement, I on behalf of the agency agree to comply with the requirements outlined above to the best of my ability. I understand that we may be removed from participation in this program if we do not fulfill the above stated responsibilities or for other unforeseen circumstances. Either party may revoke this agreement with 30 days written notice.

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please sign and return to the address below:** MRCAC, Attn: Kim Martinez, 347 N. Smith Ave #401, St. Paul, MN 55102

**\*Please only submit the original of this document.**