

Evidence-Based Practice Checklist

For a Program that is funded through NHCTF providing Evidence-Based Programs and Practices

Total Contract Amount: \$

*Note: Add more worksheets as needed to account for all services currently provided

Program/Practice Name	NHCTF \$ used for program/practice	Level of Evidence-Based as defined by CBCAP measure	References to supporting documentation
	\$	<input type="checkbox"/> Level I. Emerging and Evidence Informed Programs and Practices <input type="checkbox"/> Level II. Promising Programs and Practices <input type="checkbox"/> Level III. Supported Efficacious <input type="checkbox"/> Level IV. Well Supported – Effective practice	
	\$	<input type="checkbox"/> Level I. Emerging and Evidence Informed Programs and Practices <input type="checkbox"/> Level II. Promising Programs and Practices <input type="checkbox"/> Level III. Supported Efficacious <input type="checkbox"/> Level IV. Well Supported – Effective practice	
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