



## 2016 OK-AIMH Endorsement (IMH-E®) Annual Renewal Form

Name: \_\_\_\_\_

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

Current Endorsement Level: \_\_\_\_\_

### **REQUIRED: 15 HOURS TRAINING ANNUALLY**

Please provide a list of ***specialized*** in-service trainings/ conferences attended specific to culturally sensitive, relationship-focused practice promoting infant mental health that you attended between 1/1/15 – 12/31/15.

**Please note, if you are a provider of reflective supervision/consultation (RSC) to other endorsement applicants, a minimum of 3 hours of the specialized in-service training must be related to the provision of RSC.**

1. Title of Training: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Sponsor of Training: \_\_\_\_\_

Date(s): \_\_\_\_\_

Number of Hours: \_\_\_\_\_

2. Title of Training: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Sponsor of Training: \_\_\_\_\_

Date(s): \_\_\_\_\_

Number of Hours: \_\_\_\_\_

3. Title of Training: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Sponsor of Training: \_\_\_\_\_

Date(s): \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Please email to [okaimh@gmail.com](mailto:okaimh@gmail.com) by JANUARY 31, 2016

If renewal form and membership renewal are not received by February 29, 2016, your name may be removed from the endorsement registry. For policy on reinstatement, please go to [http://www.okaimh.org/endorsement\\_policies.html](http://www.okaimh.org/endorsement_policies.html)



4. Title of Training: \_\_\_\_\_  
Name of Trainer: \_\_\_\_\_  
Location of Training: \_\_\_\_\_  
Sponsor of Training: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

*Add additional trainings as needed.*

**RECOMMENDED\*: REFLECTIVE SUPERVISION/CONSULTATION**

If appropriate, please provide a list of RSC you have received specific to culturally sensitive, relationship-focused practice promoting infant mental health.

Name of Supervisor/Consultant: \_\_\_\_\_  
Agency or office where supervision/consultation occurred: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_  
Group or Individual? \_\_\_\_\_

*Add additional reflective supervision/consultation experiences, as needed.*

**SIGNATURE:**

\_\_\_\_\_

\* The 2014 Renewal will require that those endorsed at II, III, or IV-Clinical receive a minimum of 12 hours of RSC annually. Those who have maintained endorsement at IV-Clinical for at least 3 years are exempt from this requirement, although on-going RSC is strongly recommended. For those not currently working, but interested in maintaining endorsement, please contact [okaimh@gmail.com](mailto:okaimh@gmail.com).

Please email to [okaimh@gmail.com](mailto:okaimh@gmail.com) by JANUARY 31, 2016  
If renewal form and membership renewal are not received by February 29, 2016, your name may be removed from the endorsement registry. For policy on reinstatement, please go to [http://www.okaimh.org/endorsement\\_policies.html](http://www.okaimh.org/endorsement_policies.html)