

# *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®)*

## Preliminary Application

Please complete and return via postal mail

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
|  |  |
|  | City State Zip |
| Daytime Telephone: |       | Evening Telephone: |       |
| Email: |       |
|  |  |
| **Education:** (Select All That Apply) |
| [ ]  HS Diploma [ ]  GED [ ]  CDA [ ]  AD [ ]  BA [ ]  BS [ ]  BSW [ ] MSW |
| [ ] MA [ ]  MS [ ]  MSN [ ]  Med [ ]  IMH Certificate [ ]  PhD [ ]  MD [ ] PsyD |
| [ ]  JD [ ]  Other |       |  |
| **Year that highest degree was earned:** |       |  |
|  |  |  |
| **Work Experience(s) with/related to infants, toddlers and their families:\***Total number of year paid work experience with or on behalf of infants/toddlers and/or their families:       |
| **Current Employer:** |       |
| **Work Address** |       |
| **Title:** |       |
| **Responsibilities:** |       |
| **Dates of employment:** |       |

|  |  |
| --- | --- |
| **If relevant, previous employer:** |       |
| **Work address:** |       |
| **Title:** |       |
| **Responsibilities:** |       |
| **Dates of employment:** |       |
|  |  |
| **Reflective Consultation:** |
| Provider: |       |
| Location/context of consultation: |       |
| Dates received: |       |
| Total hours (group and/or individual): |       |  |
|  |
| OK-AIMH Membership current?  | [ ]  Yes [ ]  No |
| You must join or renew membership to OK-AIMH (or another infant mental health association) when submitting this preliminary application. Request a membership form at okaimh@gmail.com |
|  |
| Please select the level at which you are applying. |
| [ ]  Infant Family Associate (Level I) $15.00 [ ]  Infant Family Specialist (Level II) $15.00 |
| [ ]  Infant Mental Health Specialist (Level III) $ 25.00 |
| [ ]  Infant Mental Health Mentor (Level IV) $ 25.00 |
|  [ ]  Clinical [ ]  Policy [ ]  Research/Faculty |

Please send preliminary application, résumé and fee (check made payable to OK-AIMH), Attention Bonnie Bellah, P.O. Box 685, Oklahoma City, OK 73101. Once the application has been reviewed, you will receive additional details about the OK-AIMH Endorsement, instructions for completing the process, and connected with a volunteer Endorsement Advisor.

**NOTE: All Return Checks will be assessed a $25.00 Return Check Fee**

*Thank you for your interest in OK-AIMH Endorsement*