**To continue endorsement please submit the following:**

1. A minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (e.g. local or regional trainings, related course work at colleges or universities, infant mental health conference attendance, publications and other relevant items). Webinars can provide relevant learning; however since IMH-E is relationship based a limit of 3 of the 15 CEUs can come from online formats. For those who earn endorsement at Level III and Level IV at least three of the hours of specialized training must be about reflective supervision or consultation.
2. An annual renewal of membership in OK-AIMH or another infant mental health association.
3. OK-AIMH recommends that all Endorsed professionals seek reflective supervision or consultation. It is especially recommended that Endorsed professionals who provide reflective supervision or consultation participate in reflective experiences, individual or group, while providing reflective supervision or consultation to others.

**Example of Approved Documentation**

**Name**: *Sally Campbell Best for Babies Seminar*

**Type of training**: *(book review, course, training attended, trainings taught, online training [max 3 hours], published articles)*

**Hours Completed**: *6*

**Competencies/Knowledge Area completed**: *community resources, agency policy*

**Description**: This all day training was held at ASU College of Law. Julie Larieu, PhD, Director of the Infant Parent Program in New Orleans, Louisiana discussed her program and the results for I/T and their families. Judge Ballinger, Maricopa Co Presiding Juvenile Court Judge updated us on the Best for Babies, Cradle to Crayons program in Maricopa County. A panel including Becky Ruffner, Kate Whitaker, Judge Weiss, and psychologist discussed their programs.

**Please describe your trainings related to Infant Toddler Mental Health Endorsement over the past year below:**

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Type of Training:  | Click here to enter text. |
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| Hours Completed:  | Click here to enter text. |
| Competencies/Knowledge Area Completed (Limit 2): | Click here to enter text. |
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| Type of Training:  | Click here to enter text. |
| Click here to enter text. |
| Hours Completed:  | Click here to enter text. |
| Competencies/Knowledge Area Completed (Limit 2): | Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Description: | Click here to enter text. |
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**Describe your reflective supervision or consultation activities: (Include if you are a provider or receiver of reflective supervision.)**

Individual: Click here to enter text. hours completed.

Group: number of participants Click here to enter text.

Hours completed Click here to enter text.

**Description:** Click here to enter text.

Click here to enter text.

Click here to enter text.

**Membership Renewal Fee:**

*For 2014-$35.00*

*Renew on-line at* [*www.okaimh.org*](http://www.okaimh.org) *or*

**Please mail checks to:**

OK-AIMH

P.O. Box 685

Oklahoma City, OK 73101