



Endorsement[®]

for Culturally-Sensitive, Relationship-Focused Practice Promoting
Infant and Early Childhood Mental Health

REGISTRATION FORM

Send completed registration packet to the SC Infant Mental Health Association at SCIMHA1@gmail.com.

Registration packets should include:

- Completed Registration Form
- Resume or CV
- Completed Statement of Commitment Form

Contact Information:

Name: _____ Best Phone: _____

Best Email: _____

Address: _____

Employment:

Current Employer/Name of Agency: _____

Position: _____ Date Employed: _____

Address: _____

Supervisor: _____ Supervisor's Direct Phone: _____

If you use a language(s) other than English in your professional role, please list them below:

Language

Proficiency

Certification/if any

Endorsement Category:

Which Endorsement Category is aligned most closely with your professional training and experiences? (An outline of Endorsement Requirements for each category is included in the IECMH Competencies Guidelines found on the SCIMHA website)

- Infant Family Associate
- Infant Family Specialist
- Infant Mental Health Specialist
- Infant Mental Health Mentor (Clinical, Policy, Research, Faculty)

Please provide information regarding your experience receiving and/or providing Reflective Supervision (include length of time and the context in which you engaged in RS):

If not already a part of your professional experiences, do you expect your employer to support integration of Reflective Supervision into your professional practices? Please explain. Consider the reflective supervision requirements for the Endorsement category you will seek.

Statement of Commitment

I will attend and actively seek to meet all the Endorsement expectations for the category I have selected. I understand this will include:

1. If not already a member, I will register as a member of SCIMHA
2. Seeking and gathering information and documentation about my professional experience and education
3. Gaining reflective supervision/consultation experience (as needed)
4. Gaining additional training as needed per the requirements for the category selected
5. Soliciting three references to support your Endorsement application

I agree to “pay it forward” by serving as an Ambassador promoting Infant Mental Health-Endorsement within and across systems. And I will carry out one or more of the activities listed below once I become Endorsed:

- *Serve as an Endorsement Advisor to at least two new applicants*
- *Serve as an Application Reviewer for at least four I-ECMH Endorsement Applications*
- *Serve as an Examination Reviewer (IMHM only) for at least four exams*

Participant Signature

Date

Supervisor Name

Supervisor Signature

Date

Email

SCIMHA is a proud member of the:

