



**MAIECMH ENDORSEMENT
FOR CULTURALLY SENSITIVE, RELATIONSHIP-BASED
PRACTICE PROMOTING INFANT MENTAL HEALTH
PRELIMINARY APPLICATION**

I. Personal Information

- A. Name: _____
- B. Address: _____
- C. City, State, Zip: _____
- D. Daytime Telephone: _____
- E. Evening Telephone: _____
- F. Email: _____
- G. Education (circle or underline all that apply):

HS diploma	GED	CDA	AD	BA	BS	BSW
MSW	MA	MS	MSN	IMH Cert (post-grad)	Ph.D.	
MD	PsyD	other_____				

II. Work Experience(s) with/related to infants, toddlers and their families:

Total number of years paid work experience with or on behalf of infants/toddlers and/or their families: _____

- A. Current Employer: _____
 Work Address: _____

 Title: _____
 Responsibilities: _____



B. If relevant, Previous Employer #1: _____

Title : _____

Responsibilities: _____

C. Previous Employer #2: _____

Title: _____

Responsibilities: _____

NOTE: For more than three paid work experiences related to infants/toddlers and/or their families, please attach a resume or curriculum vitae.

MAIECMH Membership current? Yes No
 (If no, membership application will be included with Endorsement materials)

Please circle or underline the Level for which you are applying.

	Inf Family Associate	Inf Family Specialist	Inf MH Specialist	Inf MH Mentor
	Level 1	Level 2	Level 3	Level 4
Preliminary Application Fee	\$ 15.00	\$ 15.00	\$ 25.00	\$ 25.00

Please send application and fee in a check made out to **MACMH (MAIECMH)**.
 Mail to MAIECMH, c/o MACMH, 165 Western Avenue N., Suite 2, St. Paul, MN 55102.
 Once the application has been reviewed, a packet will be forwarded to you with details about the MAIECMH Endorsement and instructions for completing the process.