



Connecticut Association for Infant Mental Health, Inc.
**Concerned with the Healthy Social Emotional Development
of Infants and Young Children**

**PRELIMINARY APPLICATION for CT-AIMH ENDORSEMENT
FOR CULTURALLY SENSITIVE, RELATIONSHIP-FOCUSED
PRACTICE PROMOTING INFANT MENTAL HEALTH (IMH-E®)**

Name:

Address:

City, State, Zip:

Daytime Telephone:

Evening Telephone:

Email:

Education:

(circle 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 years 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:

* You may attach a resume or curriculum vitae. This is recommended if you have more than 3 relevant paid work experiences.

CT Association for Infant Mental Health, Inc.
230 So. Frontage Rd. New Haven, CT 06520 Phone: 203-737-6422 Fax: 203-785-7926

Email: ctaimh@yale.edu

Website: <http://www.CT-AIMH.org>

Dates of employment:**Reflective supervision/consultation:**

Provider:

Location/context of supervision/consultation:

Dates received:

Total hours (group and/or individual):

Additional reflective supervision/consultation:

Provider:

Location/context of supervision/consultation:

Dates received:

Total hours (group and/or individual):

CT-AIMH Membership current? Yes No

You must join or renew membership to CT-AIMH (or another infant mental health association) when submitting this preliminary application. You can do so at www.CT-AIMH.org

Please circle the level at which you are applying.

	Infant Family Associate	Infant Family Specialist	Infant Mental Health Specialist	Infant Mental Health Mentor		
				Clinical	Policy	Research/Faculty
	Level I	Level II	Level III	Level IV		
Preliminary Application Fee	\$ 15.00	\$ 15.00	\$ 25.00	\$ 25.00		

Please send preliminary application and fee (check made payable to CT-AIMH) to CT-AIMH, Attn: Anne Giordano, Endorsement Coordinator, 230 South Frontage Rd. New Haven, CT 06520. Once the application has been reviewed, you will receive additional details about the CT-AIMH Endorsement, instructions for completing the process, and connected with a volunteer Endorsement Advisor.

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