Endorsement (IMH-E®)  
Annual Renewal Form  
(Renewal Covers October 1st through September 30th)

Name:  
Email Address:  
Current Endorsement Category:  
Date Renewal Form Submitted:  
Telephone:  

REQUIRED:  
15 HOURS TRAINING ANNUALLY  
(For All Categories of Endorsement)

Please provide a list of specialized trainings attended specific to culturally sensitive, relationship-focused practice promoting infant mental health that you attended in the 12 months prior to the annual renewal due date of October 1st. Add additional training entries, as needed to meet requirements.

Please note: If you are a provider of reflective supervision/consultation (RSC) to other endorsement applicants, a minimum of 3 hours of the 15 hours of specialized in-service training must be related to the provision of Reflective Supervision Consultation.

1.  
   Title of Training:  
   Name of Trainer:  
   Location of Training:  
   Sponsor of Training:  
   Date(s):  
   Number of Hours:  
   Notes: (Please provide here a description of the training, what you learned, how you have applied it and provide at least 1 example)

2.  
   Title of Training:  
   Name of Trainer:  
   Location of Training:  
   Sponsor of Training:  
   Date(s):  
   Number of Hours:  
   Notes: (Please provide here a description of the training, what you learned, how you have applied it and provide at least 1 example)
3. Title of Training:
Name of Trainer:
Location of Training:
Sponsor of Training:
Date(s):
Number of Hours:
Notes: (Please provide here a description of the training, what you learned, how you have applied it and provide at least 1 example)

REQUIRED: **12 HOURS REFLECTIVE SUPERVISION/CONSULTATION** (For Categories II, II+, III, and IV-C only)

Please provide a list of Reflective Supervision/Consultation you have received from an IMH Endorsement approved Reflective Supervisor specific to culturally sensitive, relationship-focused practice promoting infant mental health in the 12 months prior to the annual renewal due date of October 1st. Add additional Reflective Supervision Consultation entries as needed to meet the requirements.

Name of Supervisor/Consultant:
Agency or Office Where Supervision/Consultation Occurred:
Frequency:
Dates:
Total Number of Hours:
Group or Individual:
Narrative: (Please provide here a description of the supervision, what you learned, how you have applied it to your work and provide example(s):

Name of Supervisor/Consultant:
Agency or Office Where Supervision/Consultation Occurred:
Frequency:
Dates:
Total Number of Hours:
Group or Individual:
Narrative: (Please provide here a description of the supervision, what you learned, how you have applied it to your work and provide example(s):

Name of Supervisor/Consultant:
Agency or Office Where Supervision/Consultation Occurred:
Frequency:
Dates:
Total Number of Hours:
Group or Individual:
Narrative: (Please provide here a description of the supervision, what you learned, how you have applied it to your work and provide example(s):

Name of Supervisor/Consultant:
Agency or Office Where Supervision/Consultation Occurred:
Frequency:
Dates:
Total Number of Hours:
Group or Individual:
Narrative: (Please provide here a description of the supervision, what you learned, how you have applied it to your work and provide example(s):

Name of Supervisor/Consultant:
Agency or Office Where Supervision/Consultation Occurred:
Frequency:
Dates:
Total Number of Hours:
Group or Individual:
Narrative: (Please provide here a description of the supervision, what you learned, how you have applied it to your work and provide example(s):
REQUIRED: MEMBERSHIP IN THE VIRGINIA ASSOCIATION FOR INFANT MENTAL HEALTH (VAIMH)
(For All Categories of Endorsement)

The VAIMH membership year is from July 1st through June 30th. Please ensure you have renewed your VAIMH membership and are a current member of VAIMH for the new year starting in July prior to submitting your renewal application by the October 1st deadline (i.e. If you are renewing for October 1, 2018, then you need to be a current member of VAIMH for 2018-2019 effective July 1, 2018 through June 30th, 2019).

Have you renewed your VAIMH membership prior to submitting your Endorsement Renewal Application? ____Yes ____No

FOR OFFICE USE ONLY:

IMH TRAINING: Number of hours met and type of training approved? ____YES ____NO
If no, please explain:

REFLECTIVE SUPERVISION/CONSULTATION: Number of hours met and received from an approved RSC Provider? ____YES ____NO
If no, please explain:

CURRENT VAIMH MEMBER? ____YES ____NO

NAME OF REVIEWER: ______________________________________________________________
DATE REVIEW COMPLETED: ________________________________
DATE ENDORSED PROFESSIONAL NOTIFIED: _________________

Please email or mail the completed renewal form to Bonnie Grifa, VAIMH Endorsement Coordinator
bgrifa@vcu.edu
458 Supplejack Ct., Chesapeake, VA 23320

PLEASE NOTE: Your completed Endorsement Renewal Application must be received by October 1st in order to maintain your name on the Virginia Endorsement Registry located at www.ecmhva.org

If you are unable to meet the requirements to renew your Endorsement by October 1st, please request guidance on how to apply for inactive status to maintain your Endorsement by emailing bgrifa@vcu.edu