Endorsement (IMH-E®)  
Annual Renewal Form

Name:

Email address:

Current Endorsement Level:

Renewal Year:

REQUIRED: 15 HOURS TRAINING ANNUALLY
Please provide a list of specialized in-service trainings/conferences 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 July 1st.

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 describe here a description of the training, what you learned, how you have applied it and provide example(s)

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

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

Add additional trainings, as needed to meet requirements.

REQUIRED: 12 HOURS REFLECTIVE SUPERVISION/CONSULTATION (levels II-IV Clinical)
If appropriate, please provide a list of Reflective Supervision Consultation you have received specific to culturally sensitive, relationship-focused practice promoting infant mental health.

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

Add additional reflective supervision/consultation experiences to meet requirements.

Please email form to: Bonnie Grifa @ bgrifa@vcu.edu BY June 30th
IF RENEWAL FORM AND MEMBERSHIP RENEWAL ARE NOT RECEIVED BY July 31st, YOUR NAME MAY BE REMOVED FROM THE ENDORSEMENT REGISTRY. FOR POLICY ON REINSTATEMENT, PLEASE GO TO www.ecmhva.org

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