



Endorsement Renewal

Thank you for your commitment to Infant Mental Health in New Mexico, and for your continuing support of the New Mexico Association for Infant Mental Health (NMAIMH) and the Endorsement Process. We appreciate all that you do.

Continuing Endorsement Requirements

The NMAIMH requires all Endorsed Members to participate in a minimum of 15 clock hours each year of specialized in-service trainings/conferences specific to the competencies for culturally sensitive, relationship-focused practice promoting infant mental health. Current membership in the NMAIMH or another infant mental health association is also required in order to maintain your endorsement.

Please submit the following by 12/31/2011 to maintain your endorsement for 2012:

___ A completed Professional Development Update and Membership Renewal form (attached and also available for download from the Endorsement Materials page of the NMAIMH website:

www.nmaimh.org (no fee required unless documentation is received late –*see below*); and

___ Annual NMAIMH Membership dues.

Endorsed members who submit their documentation after the 12/31/2011 deadline and before 3/31/2012 must pay a \$15 late charge along with any delinquent membership dues. If a Member fails to submit the required documentation by March 31, 2012 his/her name will be removed from the Endorsement Registry. Please go to the NMAIMH website or contact the Endorsement Coordinator (endorse@nmaimh.org) for information about how to have your endorsement reinstated if this occurs.

Please return the Professional Development Update and Membership Renewal form (pages 2-3) by December 31, 2011.

You may return your documentation in the following ways:

Fax to: 866-800-9776
Email to: endorse@nmaimh.org

Mail to:
NMAIMH
c/o UNM CDD, ECLN
2300 Menaul Blvd, NE
Albuquerque, NM 87107
Attn.: Joe DeBonis

Thank you again for your continuing commitment to the health of New Mexico's infants and families!

Jacqui Van Horn, MPH, IMH-E®
NMAIMH Endorsement Coordinator



NMAIMH Professional Development Update & Membership Renewal Form (2012)

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternate Phone: _____

*E-mail Address: _____

Profession/Position: _____ Member of WAIMH? Yes No
(World Association for Infant Mental Health)
*We do not share our email list with anyone.

REQUIRED: 15 HOURS OF TRAINING THAT YOU PARTICIPATED IN DURING 2011

Please provide a list of specialized in-service trainings/ conferences you attended specific to the NMAIMH competencies for Endorsement for *Culturally Sensitive, Relationship-based Practice Promoting Infant Mental Health*®.

1. Title of Training: _____
Name of Trainer: _____
Location of Training: _____
Sponsor of Training: _____
Date(s): _____
Number of Hours: _____

2. Title of Training: _____
Name of Trainer: _____
Location of Training: _____
Sponsor of Training: _____
Date(s): _____
Number of Hours: _____

NMAIMH Making a Difference

Promoting & supporting healthy development and nurturing relationships for all infants and young children in New Mexico.



3. Title of Training: _____
 Name of Trainer: _____
 Location of Training: _____
 Sponsor of Training: _____
 Date(s): _____
 Number of Hours: _____

RECOMMENDED: REFLECTIVE SUPERVISION/CONSULTATION

If appropriate, please indicate the reflective supervision/consultation you have received in 2011 specific to culturally sensitive, relationship-focused practice promoting infant mental health. This is not required for continuing endorsement but is highly recommended and considered best practice (including for those who provide Reflective Supervision/ Consultation to others) for those endorsed as Infant Family Associates (Level 2), Infant Mental Health Specialists (Level 3), and Infant Mental Health Mentors (Level 4; especially those with a Clinical emphasis).

Name of Supervisor/Consultant: _____
 Agency or office where supervision/consultation occurred: _____
 Frequency: _____
 Dates: _____ Total number of hours: _____
 Group or Individual? _____

Add additional reflective supervision/consultation experiences, as needed.

<i>Membership Category</i>	<i>Dues</i>	<i>Amount Enclosed</i>
Regular.....	\$30.00.....	\$_____
Endorsement Renewal Late Fee.....	\$15.00.....	\$_____
Student.....	\$15.00..... Please attach copy of Student ID	\$_____
Donation.....	Thanks very much!	\$_____
TOTAL ENCLOSED.....		\$_____