



**TAIMH 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 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, young children and their families:**

Total number of years paid work experience with or on behalf of infants/young children and/or their families: \_\_\_\_\_

- A. Current Employment:** \_\_\_\_\_
- Work Address:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Title:** \_\_\_\_\_
- Responsibilities:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

TAIMH's mission is to support the healthy emotional development of infants and their families.



TEXAS ASSOCIATION FOR  
INFANT MENTAL HEALTH



B. If relevant, Previous Employment #1: \_\_\_\_\_

\_\_\_\_\_

Title : \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

TAIMH Membership current?  Yes  No

Are you a member of another state infant mental health association?  Yes  No

If yes, which state? \_\_\_\_\_ (provide copy of membership card with application)

(If not a member of any state infant mental health association, a membership application will be included with Endorsement materials).

Please circle which Level you are applying for.

	<b>Infant/ Family Associate</b>	<b>Infant/ Family Specialist</b>	<b>Infant Mental Health Specialist</b>	<b>Infant Mental Health Mentor</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
Preliminary Application Fee	\$ 15.00	\$ 15.00	\$ 25.00	\$ 25.00

Please send preliminary application and fee (in a check made out to TAIMH) to TAIMH, c/o The Endorsement Center, 1199 S. Beltline Rd., Suite 100, Coppell, Texas, 75019. Once the application has been reviewed, a packet will be forwarded to you that contains details about the TAIMH Endorsement and instructions for completing the process.