

I/ECMH-Endorsement® Application for Inactive Status

Name:

Phone:

Email Address:

Current Endorsement Type (circle one): **Infant** or **Early Childhood**

Current Category of Endorsement (circle one):

Family Associate

Family Specialist

Mental Health Specialist

Mental Health Mentor

- Clinical

- Policy

- Research/Faculty

Date of Request:

Reason for Request:

**PLEASE READ AND SIGN PAGE 2 OF THIS DOCUMENT.
RETURN ENTIRE APPLICATION TO:
endorsement@infancyonward.org**

Inactive Status Agreement (place a checkmark in each box):

- I understand that my name will be moved from the Active Endorsement Registry to the Inactive Endorsement Registry
- I understand that I must maintain my membership with Infancy Onward (or another Infant Mental Health association) while carrying Inactive Status or risk losing my Endorsement credential entirely
- I understand that I must complete 5 hours of specialized in-service training annually while carrying Inactive Status
- I understand that I can remain inactive for up to two years
- If after two years I am unable to reactivate, I understand that I must reapply for inactive status
- I understand that while on Inactive Status, I will not use the I/ECMH-E® credential after my name and I will not promote myself as actively endorsed or as a provider of reflective supervision/consultation
- I understand that if I lose my Endorsement credential entirely, I will need to follow the policy for *Reinstatement if Endorsement Lapses* (found at <https://www.infancyonward.org/i-ecmh-endorsement/steps-to-earn-your-endorsement/>) in order to be placed back on the Endorsement Registry
- I understand that I must submit an Application for Reactivation and pay a Reactivation Fee of \$25.00 when I am ready to move back to the Active Endorsement Registry. The Application for Reactivation can be retrieved upon request by emailing endorsement@infancyonward.org

Printed Name

Signature

Date