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**ITMHCA Endorsement®**

**Application for Inactive Endorsement® Status**

Name:

Phone:

Email:

Please mark the box in front of your Endorsement® Category:

Infant Family Associate Infant Family Specialist Infant Mental Health Specialist

Infant Mental Health Mentor-Clinical Infant Mental Health Mentor-Policy

Infant Mental Health Mentor-Research/Faculty

Date of Request:

Reason for Request:

By what date do you plan to reactivate?

Read and sign this document and return the entire application to [azendorsement@gmail.com](mailto:azendorsement@gmail.com) or by mail to ITMHCA Endorsement Coordinator, PO Box 2234, Phoenix AZ 85002-2234

Inactive Endorsement® Status Agreement

* I understand that my name will be moved from the Endorsement® Registry to the Inactive Endorsement® Registry
* 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 I must maintain my membership with ITMHCA to remain on the Inactive Endorsement® Registry
* I understand that I must submit my Annual Endorsement® Renewal via EASy that documents my 5 hours of specialized in-service training
* I understand that I must complete and submit the Application for Reactivation and pay the $25.00 reactivation fee when ready to reactivate my Endorsement®
* I understand that while on Inactive Status I will not use the IMH-E® credential after my name and I will not promote myself as actively endorsed or as a provider of reflective supervision/consultation
* I understand if I do not adhere to the Policy for Inactive Endorsement® Status I risk being removed from the Endorsement® Registry entirely
* I understand if I am removed from the Endorsement® Registry I will need to follow the Policy for Reinstatement in order to be placed back on the Endorsement® Registry

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Printed/Typed Name

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Signature Date