

INFANT & EARLY CHILDHOOD MENTAL HEALTH

Certificate Program Application Requirements

A project of the Center of Excellence for Infant and Early Childhood Mental Health



**Certificate Program Participants
are expected to attend all
training sessions.**

**LOCATION:
TBD**

Parking vouchers will be provided.

Registration begins at 8:30
Training begins at 9:00 am and
ends at 5:00 pm.

Breakfast & lunch provided.

October 19, 2018

November 16, 2018

December 21, 2018

January 18, 2019

March 15, 2019

February 15, 2019

April 19, 2019

May 17, 2019

APPLICATION PROCESS:

This certificate program is directed to front-line service providers and agency administrators who wish to acquire essential knowledge and practical skills to work effectively with their youngest patients and families. This program serves masters level (or higher) practitioners in the fields of Counseling, Education, Nursing, Psychology, Social Work or the equivalent. Applicants will be selected on the basis of their work history and commitment to the field. **Priority application deadline is September 14, 2018** We will continue to accept applications after the deadline if space is available.

A certificate of completion from the University of Maryland School of Medicine's Department of Child & Adolescent Psychiatry as well as 52 CEUs will be given to participants who attend all 8 sessions and complete related readings and activities.

APPLICATION REQUIREMENTS:

Certificate program application includes submission of the following via email to kconnors@som.umaryland.edu:

- Resume or Curriculum vitae
- Completed Certificate Program Application Form
- A personal statement (limited to 500 words) that describes your current role in the field of infant and early childhood mental health, and how you feel the certificate program could inform your work.
- Commitment to pay \$1,600, if selected, either in full or in installments throughout the duration of the course.

Contact Kay Connors at 410-328-3522 or kconnors@som.umaryland.edu

INFANT & EARLY CHILDHOOD MENTAL HEALTH

Certificate Program Application Form

A project of the Center of Excellence for Infant and Early Childhood Mental Health



First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

If you would like CEUs, please indicate your degree & Maryland license #: _____

SELECTION OF YOUR AFFINITY GROUP:

Throughout our 8 Certificate Program sessions, we will hold group discussions targeting skills and strategies for your given role within the field of infant and early childhood mental health. Please select from the following:

- Program Leadership
- Supervision
- Clinical
- Consultation
- Other: _____

YOU MUST AGREE TO THE FOLLOWING STATEMENT IN ORDER FOR YOUR APPLICATION TO BE PROCESSED:

- I understand there is a fee of \$1,600 to participate in this certificate program.

Please note: The fee of \$1,600 will not be charged until AFTER you have been accepted into the program. You will receive an invoice from the University of Maryland, Baltimore for payment once your application has been processed.

If you have any dietary, visual, audio, physical or other special accommodations needs, please describe them here: _____

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