



UNIVERSITY OF MASSACHUSETTS BOSTON

INFANT-PARENT MENTAL HEALTH FELLOWSHIP/CERTIFICATE PROGRAM ADMISSIONS APPLICATION FORM

(Please type or use black ink to complete form.)

Ed Tronick, Ph.D

University Distinguished Professor, Chief Faculty
Director of the Child Development Unit Children's
Hospital Harvard Medical School, Boston

University of
Massachusetts Boston
College of Liberal Arts
Department of Psychology

Dorothy T. Richardson, Ph.D

Program Director, Core Faculty

Marilyn Davillier, LCSW

Associate Program Director, Core Faculty

PERSONAL DATA

1. Name:

Last (Family)

First (Given)

Middle

2. _____

Other names that may appear on credentials:

3. Sex (Please circle): Female Male Date of Birth: (Month/Day/Year)

4. U.S. Social Security Number: Country of Citizenship:

5. Preferred Mailing Address :

City: State: Zip: Country:

6. Residence Address:

City: State: Zip: Country:

7. Telephone Numbers: Home () Work: () Cell: ()

8. Email address (if applicable) _____

9. Ethnic Origin (optional) Hispanic Cape Verdean White (Not of Hispanic Origin)
 Black (Not of Hispanic Origin) Asian or Pacific Islander American Indian

PROFESSIONAL LICENSE AND/OR CREDENTIAL DATA (attach photocopies of each license and credential)

Granting Institution	City / State/ Country	Date Received	License (Please indicate number)

ACADEMIC BACKGROUND

Activities and Work Experience: Please list in chronological order every institution of higher education you have attended, indicating dates of attendance. Indicate any degrees or certificates earned or expected, and give dates earned or expected. Be sure to include any institution you have attended as a non-degree-seeking student.

College / University	City / State/ Country	Dates attended	Degree	Major

DISCIPLINE:

- Occupational Therapist
- Physician, specialty:

- Physical Therapist
- Nurse
- Psychologist
- Social Worker/LCSW

- Marriage & Family Therapist/LMHC
- Educator, specialty:

- Speech/Language Clinician
- Early Intervention Specialist
- Other, please list:

SETTING:

- Private/not for profit agency
- Public School System
- Private School
- Private Practice
- Community Clinic
- Public or governmental agency
- Hospital
- Child Care
- Self employed
- Other, please specify:

ACTIVITIES AND WORK EXPERIENCE (Please attach CV and 2 Professional References using Attached Form)**EXPERIENCE AND WORK WITH INFANTS AND YOUNG CHILDREN**

1. Setting *Ages* *Dates* *Position*

Description

1. Setting *Ages* *Dates* *Position*

Description

1. Setting *Ages* *Dates* *Position*

Description

EXPERIENCE AND WORK WITH PARENTS AND ADULTS

1. Setting *Ages* *Dates* *Position*

Description

2. Setting *Ages* *Dates* *Position*

Description

3. Setting *Ages* *Dates* *Position*

Description

STATEMENT OF INTEREST: *Please describe your interest in the Infant-Parent Mental Health field, and the relevance of this course of study to your work with children and families. What do you consider to be your personal and professional strengths that will contribute to your work with children and families, within your discipline? (Essay should be less than 2 pages, may attach one additional page).*

APPLICATION CHECKLIST:

- 1.) I understand that upon acceptance to the program a \$2,500 deposit will be due. I understand that this deposit is non-refundable to confirm space. **Initial here:** _____
- 2.) I understand that an additional tuition of \$2,500 is due by December 15, 2013; remaining tuition of \$4,500 is due by June 1, 2014. **Initial here:** _____
- 3.) I understand that missing more than 24 hours of course time or missing any mandatory training will result in me not being eligible for my certificate of completion. Meeting dates will be posted on 7/1/13. **Initial here:** _____
- 4.) I understand that my certificate of completion from the University of Massachusetts Boston for the Infant-Parent Mental Health Post-Graduate Certificate Program will be provided only after I have completed all course requirements on the timeline explained in the program description. **Initial here:** _____
- 5.) I have read the program description packet, including the information entitled "Responsibility of Trainees," and I understand and agree to my responsibilities. **Initial here:** _____
- 6.) I understand that no promises or guarantees are expressed or implied regarding employment, career advancement, licensing, credentialing, endorsement, or graduate units based on the completion of the IPMHPCP. **Initial here:** _____
- 7.) I understand that while I am attending the IPMHPCP, completing course assignments, completing practicum/integration hours, meetings with colleagues, and in all other activities related to the IPMHPCP, I will not be covered by any student insurance, liability insurance or coverage, malpractice insurance or coverage, or other insurance held by the University of Massachusetts Boston, or any other sponsor, partner or faculty. Further, I agree to hold these entities harmless in the event of any accident, illness, or injury to or by me, or in any legal action against me arising from my activities while participating in the IPMHFP. I understand that I am solely responsible for my professional actions and decisions in all activities associated with the IPMHPCP, and that I am solely responsible for practicing within the licensing, credentialing, code of ethics, and professional scope of my profession. **Initial here:** _____
- 8.) I understand that the purpose of the IPMHPCP is to increase the number of providers willing and trained to provide infant-parent mental health service for children age 0-5, their families and other caregivers, and for pregnant women. **Initial here:** _____
- 9.) I consent to listing my name, mailing address, phone numbers, e-mail address, my discipline, work setting, and degree on a class roster that may be distributed to class members, mentors, faculty, and guest speakers either in electronic or hardcopy format. I also consent to my name, picture and biography on the program website as a "Current Fellow." **Initial here:** _____
- 10.) I understand that the Director reserves the right to cancel speakers/program if there is insufficient enrollment. **Initial here:** _____
- 11.) I understand that as an **International Fellow**, I must send **TOEFL** Scores and see online for specifications for international students at www.umb.edu/ipmh. **Initial here:** _____

I hereby state that the above information is true and correct and I request admission to the Infant-Parent Mental Health Fellowship/Certificate Program. I agree to the conditions and responsibilities, as described.

Printed Name

Signature

Date

Two professional references are required
(please complete and return separate reference form provided)

Application Fee: \$75
\$150 for International Applicants
Please make check payable to:
"University of Massachusetts"

Mail to:

FOR ADDITIONAL INFORMATION,
PLEASE CONTACT THE PROGRAM DIRECTOR:

Dr. Dorothy Richardson:
dorothy@dtrichardson.com
Or Call: 617-287-6996

UMB IPMH
c/o Rouzan Khachatourian
Program Manager
University of Massachusetts, Boston
Psychology Department –
McCormack Building 4th Floor
100 Morrissey Blvd.
Boston, MA 02125-3393

IMPORTANT:

Please call or email five (5) days after mailing your application to assure it was received.
Please make a complete copy of your application before submission.



PROFESSIONAL REFERENCES: *(Please submit two references)*

Applicants: Please complete the following information and sign this form before giving it to your reference.

Name of applicant: _____

Date: _____

Name of reference writer: _____

Address of reference writer: _____

Reference: The above applicant has given your name as someone who will serve as a reference in his/her application to the Infant-Parent Mental Health Fellowship/Certificate Program at the University of Massachusetts, Boston. Please note that your reference will be used as part of the admissions process. The University will not forward the reference to other programs, universities or to prospective employers.

It will help us greatly if you would give us your opinion of the applicant in the situation in which you have known him / her. Of particular interest to us are such factors:

	<i>(Needs Improvement)</i>			<i>(Strong)</i>	
	1	2	3	4	5
Academic Aptitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Resilience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills and relationships with both children and adults:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outstanding strengths:	_____				
Areas for further development:	_____				

An early reply will be much appreciated. We suggest that you attach this form to your own letterhead or write your reply on the back of this form. Please send your reference to us in a sealed envelope.

Reference Signature: _____

Date: _____

Return this form and letter or reference to:

UMB IPMH
c/o Rouzan Khachatourian
Program Manager
University of Massachusetts, Boston
Psychology Department –
McCormack Building 4th Floor
100 Morrissey Blvd.
Boston, MA 02125-3393

For questions, or more information, please visit our website: www.umb.edu/ipmh • Phone: (617) 287-6996 • Email: ipmh@umb.edu



FELLOWS RESPONSIBILITIES:

(Fellows will be expected to complete the following activities independently and at their own expense unless otherwise noted)

1. **Course Attendance:** Attend all training sessions (see the accompanying schedule) for the course meetings. Fellows missing more than 24 hours of course attendance will not be eligible to receive a certificate of completion. For any sessions missed, Fellows will be asked to submit a plan for acquiring the information missed in the session.
2. **Special Project:** Course completion requires fellows to attend a final Fall Colloquium weekend in November of 2015 to present an original Special Project. Over the 22 month course of study each fellow will determine a specific focus of interest within the field of infant-parent mental health and the scope of their discipline and complete a special project related to that focus area. Each fellow will prepare a 30 minute oral presentation for their IPMH colleagues and core faculty along with a written report or summary of their Special Project at a special colloquium weekend in November 2015.
3. **Practicum/Integration Experience:** IPMHPCP Fellows are asked to identify a practicum/integration site as a setting where infant-parent mental health concepts explored in the training program can be applied to practice. The practicum/integration site should include working closely with care providers (parents and/or practitioners) so that inter-disciplinary work and mutual-mentorship skills can be expanded. The practicum/integration hours may be accomplished in the participant's usual work setting or in another location. The practicum should include a minimum of 8 hours/month up to full-time employment for the duration of the 22 month program, and should generate cases for case studies and peer-to-peer mentorship. Examples of sites for the practicum experience include Head Start, child care centers, family child care settings, pediatric or family medical practice offices, hospital maternity and newborn units, home visiting programs, special education classrooms and programs, developmental centers, etc. Arrangement of practicum experience and supervision is the responsibility of the IPMHPCP participant.
4. **Professional Meeting Related to Infant-Parent Mental Health:** Fellows must attend at least one regional, national, or international professional IMH meeting, convention, or training during the IPMHPCP. Conferences may be local, national or international, such as the Boston Institute for the Development of Infants and Parents (BIDIP), Zero to Three's National Training Institute, the ICDL International Conference, the World Association of Infant Mental Health (WAIMH) international meeting.
5. **Course tuition of \$9,500:** Payment breakdown: \$2,500 deposit - upon acceptance to the program; an additional tuition of \$2,500 is due by November 1, 2013; remaining tuition of \$4,500 is due by June 1, 2014.
6. **Readings and Required Texts:** Acquire and read required articles assigned throughout the course, and acquire "Required Texts" and a general child development text of the trainee's choice.