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**ITMHCA Endorsement®**

**Application for Reactivation to Active 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 Inactive Status was granted:

Reactivation Agreement:

* I request that my name be moved from the Inactive Endorsement® Registry to the Active Endorsement® Registry
* I attest that I have maintained my membership with ITMHCA (or another IMH association) while on the Inactive Endorsement® Registry
* I attest that I submitted my Annual Endorsement® Renewal hours in my Endorsement Application in EASy that documents my 5 hours of specialized in-service training for each year while at Inactive Status
* I have enclosed a Reactivation Fee of $25
* I understand that ITMHCA will respond to this application with a pro-rated expectation for the number of hours of specialized in-service training and, if applicable, the number of hours of RSC that will be required for my annual Endorsement® renewal hours in my Endorsement Application in EASy for the year that my Endorsement® is reactivated

Signature Date

Submit completed document and check for $25 to ITMHCA

ITMHCA, PO Box 2234 Phoenix AZ 85002-2234