

Infant-Parent Training Institute JF&CS Center for Early Relationship Support®

Infant Mental Health Fellowship Application

1430 Main Street, Waltha	m, MA 024	51	781-693-5652		ipti@jfcsl	oston.org
Name						
Last			First			
Mailing Address						
	Street		Preferred	Apt	i.	
			Phone			
City	State	Zip		Mobile	Home	Work
Email						
Current Employer and / or	Private Pra	actice				
Position:			Dates Employed	l :		
Work Address:						
Please list any professiona	ıl licensure.					
Where did you hear of the	Infant-Pare	ent Traini	ng Institute?			
Infant Observation is a red	i	f the Fall	overhin Dlagge or - 1	· ono		

Infant Observation is a requirement of the Fellowship. Please mark one:

I have completed Infant Observation.

I will be taking Infant Observation in Year One of the Fellowship.

I. Educational Background

Colleges / Universities Attended

College / University	City / State/ Country	Dates attended	Degree	Major
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II. Briefly describe your experience and work with infants and very young children.

III. Briefly describe your experience and work with parents and other adults.

IV. Personal Reflections (250 – 700 words suggested)

A. Please tell us why you have chosen to apply to the Infant-Parent Training Institute and include your ideas about what you would like to be doing professionally in the future?

B. As you reflect back on the items you listed in II and III, tell us about particular satisfactions that you have experienced in your work, and why they were meaningful to you.
C. What do you consider to be your personal and professional strengths that will contribute to your work in your particular field?
D. Please describe your relevant experience, interest, and expectations for the Infant Observation course.
In an effort to advance equitable access to training in Infant Mental Health, our donors have earmarked scholarship funds for students from racial and ethnic minority groups. Please check the box to receive more information. The deadline to apply for the scholarship is June 30, 2019.
Signature Date
A copy of your resume or CV should accompany this application. A non-refundable application fee of \$50 is also required. Please make checks out to Jewish Family & Children's Service or call Gabrielle Jacobs at 781-693-5652 to pay by credit card.
In addition to the application, two professional references are required. Please use the reference form

Applications and references can be submitted by email to Gabrielle Jacobs at ipti@jfcsboston.org or mailed to Gabrielle Jacobs, CERS Administrative Coordinator, 1430 Main Street, Waltham, MA 02451.

available on our website, www.jfcsboston.org/ipti.