



**Center for Early Relationship Support<sup>®</sup>  
Infant/Early Childhood Mental Health Consultation  
Training Program Application**

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1430 Main Street, Waltham, MA 02451

781-693-5622

[iecmhconsultation@jfcsboston.org](mailto:iecmhconsultation@jfcsboston.org)

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Name \_\_\_\_\_  
Last First

Mailing Address \_\_\_\_\_  
Street Apt.

City State Zip Preferred Phone Mobile Home Work  
Phone

Email \_\_\_\_\_

Current Employer (if presently employed)

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_  
Please list any professional licensure.

\_\_\_\_\_  
Where did you hear about the IECMHC Training Program?

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## **I. Personal Reflections**

A. Please tell us why you have chosen to apply to the IECMHC Training Program and include your ideas about what you would like to be doing professionally in the future.

B. What do you consider to be your personal and professional strengths that will contribute to your work in Infant/Early Childhood Mental Health Consultation?

C. The goal of the IECMHC Training Program is to increase the numbers of Black, Indigenous, People of Color and bilingual providers in the IECMH consultation field, and highlight the strengths, capacities and experiences of members of underrepresented groups. Please share how your lived experience influences your work with children and/or families.

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**II. Describe your experience and work with infants and very young children. Please include what made this work meaningful to you.**

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**III. Describe your experience and work with parents, caregivers and other adults. Please include what made this work meaningful to you.**

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#### **IV. IECMHC Experience**

A. Are you currently working as an Infant/Early Childhood Mental Health (IECMH) Consultant?

B. Is there a position in IECMH consultation that you have plans to begin upon completing this training program?

C. Are you planning to look for a job in the field of IECMH consultation upon completing this training program?

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#### **V. Educational Background**

Colleges / Universities Attended

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

Date

Please submit a copy of your resume or CV with this application.

In addition to the application, two professional references are required. Please use the reference form available on our website, <https://www.jfcsboston.org/Our-Services/Center-for-Early-Relationship-Support/IECMHC-Training-Program>. You can also access [the form directly here](#).

The application process will include an interview via teleconference. After receiving a completed application and letters of reference, DERS staff will contact candidates to schedule an interview.

Applications and references can be submitted by email to [iecmhconsultation@jfcsboston.org](mailto:iecmhconsultation@jfcsboston.org) or by mail to Kathy Groom-Nguyen, IECMHC, Center for Early Relationship Support, JF&CS, 1430 Main Street, Waltham, MA 02451.

***\*Priority will be given to applications submitted by June 15th, 2022\****