



**Center for Early Relationship Support®
Infant/Early Childhood Mental Health Consultation
2024-25 Training Program Application**

1430 Main Street, Waltham, MA 02451

781-693-5622

iecmhconsultation@jfcsboston.org

Name _____
Last First

Mailing Address _____
Street Apt.

City State Zip Preferred Phone Mobile Home Work
Preferred 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?

I. Personal Reflections

A. *Our training program prepares infant and early childhood professionals for the practice of Early Childhood Mental Health Consultation, a growing specialization that involves work with children, families and the childcare and health systems that care for them.* 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 improve services for young children and families who are Black, Indigenous, and People of Color (BIPOC). Our primary strategies to achieve this goal are to increase the numbers of BIPOC and bilingual providers in the IECMH consultation field, and to promote a model of IECMH consultation practice that centers principles of diversity and equity. Please share how your personal and/or professional experience influences your work with children and/or families, in relation to this program goal.

II. Describe your experience and work with infants and children ages 0-6 years. Please include what made this work meaningful to you.

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

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?

V. Educational Background

Colleges / Universities Attended

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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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 or by mail to Lisa McElaney, IECMHC, Center for Early Relationship Support, JF&CS, 1430 Main Street, Waltham, MA 02451.

****Priority will be given to applications submitted by May 15, 2024****