

# NH Early Childhood and Family Mental Health Credential Application

*\* Renewals only complete page 1 of this application plus renewal addendum*

I. APPLICATION INFORMATION	
<i>Please mark the box next to the credential for which you are applying.</i>	
	ECFMHC Intermediate
	ECFMHC Advanced
	ECFMHC Advanced - Reflective Practice Consultant (RPC)
	ECFMHC Renewal
<p>STATE OF NH FEES (<i>payable to Treasurer, State of NH</i>):</p> <p style="margin-left: 40px;"> <input type="checkbox"/> \$25.00 New Application  <input type="checkbox"/> \$10.00 Renewal  <i>plus</i>                      NHAIMH FEES (<i>payable to NHAIMH</i>):  <input type="checkbox"/> Intermediate (\$50.00)  <input type="checkbox"/> Advanced (\$75.00)  <input type="checkbox"/> Advanced - RPC (\$85.00)  <input type="checkbox"/> Renewal (\$25.00)                 </p>	
II. PERSONAL INFORMATION	
<b>Name:</b> _____ <i>Please print your name exactly as you want it to appear on your credential</i>	
Other name(s) in which information may be received – maiden, etc.	
<b>Home Address:</b>	
<b>City/State/Zip:</b>	
<b>E-mail:</b>	
<b>Primary Telephone:</b> (     )     -	<b>Work Telephone:</b> (     )     -

<b><u>FOR OFFICE USE ONLY:</u></b>		
Date Application Received: _____	Date Payment Received: _____	Check#: _____
Check from: _____	Check amt: _____	Amount applied to app: _____
Credential Awarded/Renewed: _____	Date: _____	Expires: _____

**I verify the information I have prepared for this application is accurate and complete.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Application continued on next page)*

III. EDUCATIONAL HISTORY			
Colleges/Universities	City/State	Date of Degree Awarded	Degree(s) / Certificate Awarded

License(s) Held	License#	State	Date Issued	Last Date of Renewal

**IV. EMPLOYMENT INFORMATION**

**Name of Current Program/Employer:**

**Address:**

**City/State/Zip:**

**Phone Number:**

**Starting Date of Your Current Position:**

**V. WORK EXPERIENCE**

**Please attach your updated resume or curriculum vitae, including current position. Please enclose a letter from each of your employers in the last 2 years verifying the following: employment dates, position held, hours per week, and age ranges of the children with whom you worked.**

**PLEASE NOTE:** All supporting credentialing documentation must be received within 60 days of receipt of your initial application submission. Incomplete applications will be archived after 60 days. Should you re-apply for a credential, you will be required to resubmit all documentation, and the appropriate credential fees.