

Ohio Infant Mental Health Credential Reflective Practice Attestation Form

Application for OIMH Credential Renewal requires supervisory verification of participation in Reflective Practices OR appropriate Learning Community focused on Reflective Practice.

Applicant for Ohio Infant Mental Health Credential Renewal (Name)	Renewal Period: (Month/Year to Month/Year)

Summary Statement for Reflective Supervision and Practice (completed by supervisor)

_____ Applicant **participated** in regular, ongoing Reflective Supervision during the renewal period; **and**

_____ Applicant **demonstrates ability** to appropriately apply reflective practices when delivering early childhood services; or

_____ Applicant **does not demonstrate ability** to appropriately apply reflective practices when delivering early childhood services

_____ Applicant **did not participate** in regular, ongoing Reflective Supervision during the renewal period.

Comments:

OR

Summary Statement for Learning Community on Reflective Practice (completed by supervisor)

_____ Applicant **participated** in appropriate Learning Community focused on Reflective Practice facilitated by _____ during the renewal period; **and**

_____ Applicant **demonstrates ability** to appropriately apply reflective practices when delivering early childhood services; or

_____ Applicant **does not demonstrate ability** to appropriately apply reflective practices when delivering early childhood services

_____ Applicant **did not participate** in appropriate Learning Community focused on Reflective Practice during the renewal period

Comments:

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Applicants that did not successfully demonstrate participation in Reflective Supervision **OR** an appropriate Learning Community must complete the Self-Reflective Assessment with action steps toward improvement during the renewal period.

OIMH Credential Applicant Signature

Date

Supervisor Signature

Date