

# Gateways to Opportunity® Registry Infant/Early Childhood Mental Health Consultant Application

Name: \_\_\_\_\_ Registry Member ID: \_\_\_\_\_

## CONTACT INFORMATION

Please provide an email address and/or phone number that can be publicized on your searchable consultant profile. This should be the method you prefer for potential clients to use to contact you. If you do not want this information publicized, leave it blank.

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SERVICE DELIVERY

**Do you work for any of the following agencies that deliver infant/early childhood mental health services?**

*(check all that apply)*

Chaddock/Caregiver Connections

Illinois Action for Children

Department of Family Support Services (DFSS)

Virginia Frank Child Development Center of JCFS Chicago

Other *(please specify)*: \_\_\_\_\_

**Do you currently or are you willing to work as an independent consultant?**      No      Yes

**What types of programs are you able to serve?** *(check all that apply)*

Child Care Programs (center-based and/or home-based)

Early Head Start/Head Start

State Funded Prevention Initiative (0–3)

Early Intervention

State Funded Preschool for All (3–5)/Preschool for All/Expansion

Home Visiting

Other *(please list)*: \_\_\_\_\_

## QUALIFICATIONS

The questions below will help inform the understanding of Illinois' Infant and Early Childhood Mental Health Consultant workforce. They will also be evaluated using the attached rubric (page 5) to ensure sufficient alignment with the Illinois I/ECMHC model and core competencies. Please answer each question.

### MASTER'S DEGREE

Select one of the options below:

I have a Master's Degree in one of the following fields: Social Work, Counseling, Psychology, Marriage and Family Counseling, or Psychiatry

I have a Master's Degree in a related field: Education, Public Health, Nursing, Child Development, etc.

I do not have a Master's Degree in any of the fields listed

## CREDENTIALS, CERTIFICATES, AND LICENSES

Check where you have or do not have each of the credentials or licenses listed below. If you check Yes, please provide the additional information requested.

**Graduate-Level Infant/Early Childhood Mental Health Certificate** (for example, Erikson Institute IMH Certificate)  
If Yes, list the awarding body and provide a website link for the program/certificate:

No Yes

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<b>ILAIMH Credential</b>	No	Yes
<b>LCPC</b>	No	Yes: expiration date ____ / ____ / ____ State: _____
<b>LPC</b>	No	Yes: expiration date ____ / ____ / ____ State: _____
<b>LCSW</b>	No	Yes: expiration date ____ / ____ / ____ State: _____
<b>LSW</b>	No	Yes: expiration date ____ / ____ / ____ State: _____

## EXPERIENCE

How many years of work experience do you have with children 0-5 years old? \_\_\_\_\_

How long have you provided consultation in your work?

1–2 years      3–4 years      5+ years      I haven't provided consultation before

## PROFESSIONAL DEVELOPMENT

Have you attended the Illinois Model of I/ECMHC Consultation Orientation?    No    Yes

Have you completed additional mental health professional development, not already listed above?

No    Yes

Have you completed additional early childhood (0-5) professional development or coursework not already listed above?    No    Yes

Are you currently receiving reflective supervision?    No    Yes

Are you currently participating in a Regional Learning Group (RLG)?    No    Yes

Are you a member of the ILAIMH?    No    Yes

## LANGUAGES

Check the languages that you are willing to offer your consultation in: *(check all that apply)*

English                      Spanish                      Polish                      Arabic                      Russian  
Chinese - Cantonese      Chinese - Mandarin      American Sign Language      Korean                      Japanese  
Other \_\_\_\_\_

## AREA OF SERVICE

Check the Illinois counties where you are willing to provide in person services as agreed upon by Consultant and Program. If you are willing to provide services in all counties, check "All Counties".

All Counties

Adams	Effingham	Lee	Randolph
Alexander	Fayette	Livingston	Richland
Bond	Ford	Logan	Rock Island
Boone	Franklin	Macon	Saline
Brown	Fulton	Macoupin	Sangamon
Bureau	Gallatin	Madison	Schuyler
Calhoun	Greene	Marion	Scott
Carroll	Grundy	Marshall	Shelby
Cass	Hamilton	Mason	St. Clair
Champaign	Hancock	Massac	Stark
Christian	Hardin	McDonough	Stephenson
Clark	Henderson	McHenry	Tazewell
Clay	Henry	McLean	Union
Clinton	Iroquois	Menard	Vermilion
Coles	Jackson	Mercer	Wabash
Cook: City of Chicago	Jasper	Monroe	Warren
Cook: North Suburbs	Jefferson	Montgomery	Washington
Cook: West Suburbs	Jersey	Morgan	Wayne
Cook: South Suburbs	Jo Daviess	Moultrie	White
Crawford	Johnson	Ogle	Whiteside
Cumberland	Kane	Peoria	Will
DeKalb	Kankakee	Perry	Williamson
DeWitt	Kendall	Piatt	Winnebago
Douglas	Knox	Pike	Woodford
DuPage	La Salle	Pope	
Edgar	Lake	Pulaski	
Edwards	Lawrence	Putnam	

## CONSULTANT PROFILE OPTIONS

Your profile will be available within the searchable consultant database on the Gateways Registry website. This database allows for sites that qualify for consultation services to search for listed and verified I/ECMH Consultants by name, service area, etc. If you choose, please provide a personal statement of no more than 225 words that will be shown as part of your consultant profile.

### Check one:

- I am enclosing a personal statement
- I am opting to not include a personal statement

## SIGNATURE

By signing below, I agree that the information I have provided is accurate. I also agree that:

- I have already attended or will attend the Illinois Model of I/ECMH Consultation orientation training within one year.
- I will keep my Gateways Registry Membership current and updated at least annually.
- I will enter data related to my consultation activity for purposes of statewide aggregated reporting, and acknowledge that I may be removed from the consultant listing if I fail to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed application to: **INCCRRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**  
-OR- Email completed applications to: [support@iecmhc.zendesk.com](mailto:support@iecmhc.zendesk.com)

## PROFESSIONAL COMPETENCIES RUBRIC

*If you do not meet the specific requirements as outlined in the I/ECMHC application, please contact us.* Consideration will be given to consultants who have comparable Master's Degrees (ex. Education, Public Health, Human Services), with additional work experience and specialized professional development. Examples of additional coursework or training can include the Infant Mental Health certificate from Erikson Institute, or the Infant and Early Childhood Mental Health Credential from the ILAIMH. Those with specific work experience (greater than 5 years) in early childhood education programs, coupled with a Master's Degree will be carefully considered to ensure alignment with the Illinois I/ECMHC model and the core competencies.

Professional Competencies Rubric	Points	Notes
Master's Degree: (Social Work, Counseling, Psychology, Marriage and Family Counseling, and Psychiatry)	5	Demonstrated by current license, transcripts
Master's Degree in related field (Education, Public Health, Nursing or Child Development, Etc.)	3	Demonstrated by current license, transcripts
Infant/Early Childhood Mental Health Certificate/Endorsement/Credential	5	Such as, but not limited to: <ul style="list-style-type: none"> <li>ILAIMH Credential</li> <li>IMH Certificate Erikson Institute</li> </ul>
Work Experience with children (0–5 years old)	1+	1 point for every year of work experience with this population, minimum of 1 year, the <b>Illinois Model recommends 5 years of experience</b>
Additional mental health professional development	3	Demonstrated by resume, CV, transcripts, or certificate of attendance
Additional early childhood (0–5) professional development or coursework	3	Demonstrated by resume, CV, transcripts, or certificate of attendance
Ability to demonstrate reflective capacity	3	Participating in RLG or under the supervision of a licensed (LSW, LCSW, LPC, LCPC, PsyD) supervisor
<b>Must meet a minimum of 10 points to be listed in the database</b>		
<b>Total Points:</b>		

## INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTANT CHECKLIST

The following required information must be submitted. Failure to complete the application entirely will result in the deferral of the application and a delay in processing time. ***Please do not submit originals, as materials will not be returned.***

### Enclosed    On File at INCCRRA

I/ECMH Consultant Application, completed and signed

Copy of degree or transcript(s) of relevant college degree(s) completed

Proof of professional certification, credential, or licensure if noted in application  
(*optional*)

Personal statement for public consultant profile (*optional*)

Mail completed application to: **INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**  
**-OR- Email completed applications to: [support@iecmhc.zendesk.com](mailto:support@iecmhc.zendesk.com)**

*"The project described was supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0057, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services."*