The Alabama Association for Infant and Early Childhood Mental Health (AAIECMH) was formed in January 2017 and will operate under the name of *First 5 Alabama*. During this time, the AAIECMH became a licensed affiliate of the Alliance for the Advancement of Infant Mental Health®, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines® and Endorsement® for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® under their associations' names.

## Purpose and goals of the Association:

- to promote throughout Alabama, the healthy social, emotional, cognitive, and physical development of young children through supportive and nurturing relationships from conception through five years of age;
- to facilitate interdisciplinary cooperation among individuals concerned with promoting conditions that will bring about the optimal development of young children and child-caregiver and child-parent relationships;
- to encourage the realization that early childhood is a sensitive period in the psychosocial development of individuals;
- to promote education, research, and study of the effects of mental development during early childhood on later social/emotional/behavioral and psychopathological development;
- to promote education, professional development, and expertise of a cadre of professionals concerning the mental health of young children, parents, families and other caregivers of young children;
- and to promote the development of scientifically based and/or informed programs of care, promotion, intervention, and prevention of mental impairment in early childhood.

| Who should join? Anyone intere          | ested in the healthy d      | levelopment of children pre-birth to a   | ge five.                         |
|---|-----------------------------|--|----------------------------------|
| Association membership is also i        | equired for those see       | eking one of the four categories of Endo | orsement® appropriate for        |
| practitioners, teachers, counselo       | rs, and leaders in the      | early childhood and mental health field  | s. Association members get       |
| advance notice and first opportu        | nity in training and p      | rofessional development opportunities    | and activities of the            |
| Association.                            |                             |  |                                  |
| Regular Membership                      |                             |  |                                  |
| 1 Year Association Dues \$25.00 (       | Professional)               | ☐1 Year Agency Membership (up            | to 10 staff) \$250               |
| 1 Year Association Dues \$15.00 (       |                             | 1 Year Agency Membership (up             | •                                |
| <u> </u>                                |                             |  |                                  |
| floor1 Year Association Dues $$10.00$ ( | Parent)                     | ☐ 1 Year Agency Membership (up           | το 20 staπ) \$500                |
|   |                             |  | Consul Birdalian as Esperation   |
| Last Name:                              | Firet Namo:                 |  | Current Discipline or Expertise: |
| Last Name.                              | 1 1131 Name                 |  | Early Childhood                  |
| Title:                                  |                             |  | El Provider                      |
|   |                             |  | Higher Ed/School                 |
| Agency or Organization:                 |                             |  | Mental Health Professional Nurse |
| Address:                                | City:                       | 7IP·                                     | OT or PT                         |
|   |                             |  | Parent                           |
| Email:                                  | Phone:                      |  | Physician                        |
|   |                             |  | Social Worker                    |
| Checks should be made payable to        | ວ the <b>Alabama Partne</b> | ership for Children and mailed to:       | Other:                           |
|   | Alahama Part                | tnership for Children                    |                                  |
|   |                             | 1H First 5 Alabama                       |                                  |
|   |                             |  |                                  |
|   | 2595 Bell Roa               |  |                                  |
|   | Montgomery                  | r, Alabama 36117                         |                                  |
| Association use only:                   |                             |  |                                  |
| ayment: Cash Receipts:                  | Check #:                    |  |                                  |
| Vacum antation (Caraadchaati            | Wolcomo                     | Lottori Accoc Hi                         |                                  |

| Member 2                |                |      | Current Discipline or Expertise:  |
|-------------------------|----------------|------|-----------------------------------|
| Last Name:              | First Name:    |      | Early Childhood                   |
|                         |                |      | El Provider Higher Ed/School      |
| Title:                  |                |      | Mental Health Professional        |
| Agency or Organization: |                |      | Nurse                             |
|                         |                |      | OT or PT                          |
| Address:                | City:          | ZIP: | Parent Physician                  |
| Email:                  | Dhonor         |      | Social Worker                     |
| ⊏IIIaII                 | PHONE          |      | Other:                            |
| Association use only:   |                |      |                                   |
| Assoc. #:               |                |      |                                   |
| Member 3                |                |      | Current Discipline or Expertise:  |
|                         | <b>-</b> ' (N) |      | Early Childhood                   |
| Last Name:              | First Name:    |      | El Provider                       |
| Title:                  |                |      | Higher Ed/School                  |
|                         |                |      | Mental Health Professional  Nurse |
| Agency or Organization: |                |      | OT or PT                          |
|                         |                |      | Parent                            |
| Address:                | City           | ZIF  | Physician Social Worker           |
| Email:                  | Phone:         |      | Other:                            |
|                         |                |      |                                   |
| Association use only:   |                |      |                                   |
| Assoc. #:               |                |      |                                   |
| Member 4                |                |      | Current Discipline or Expertise:  |
| Welliber 4              |                |      | Early Childhood                   |
| Last Name:              | First Name:    |      | El Provider                       |
|                         |                |      | Higher Ed/School                  |
| Title:                  |                |      | Mental Health Professional  Nurse |
| Agency or Organization: |                |      | OT or PT                          |
|                         |                |      | Parent                            |
| Address:                | City:          | ZIP: | Physician                         |
| Email:                  | Phone:         |      | Social Worker Other:              |
| <u> </u>                |                |      |                                   |
| Association use only:   |                |      |                                   |
| Assoc. #:               |                |      |                                   |
|                         |                |      |                                   |
| Member 5                |                |      | Current Discipline or Expertise:  |
| Member 5                |                |      | current discipline of Expertise.  |
| Last Name:              | First Name:    |      | Early Childhood                   |
|                         |                |      | El Provider Higher Ed/School      |
| Title:                  |                |      | Mental Health Professional        |
| Agency or Organization: |                |      | Nurse                             |
|                         |                |      | OT or PT                          |
| Address:                | City:          | ZIP: | Parent                            |
| Email:                  | Phone:         |      | Physician Social Worker           |
| Liliali.                | FHOHE          |      | Other:                            |
| Association use only:   |                |      |                                   |
| Assoc. #:               |                |      |                                   |
|                         |                |      |                                   |

| Member 6                        |             |      | Current Discipline or Expertise:             |
|---------------------------------|-------------|------|--|
| Last Name:                      | First Name: |      | Early Childhood                              |
|                                 |             |      | El Provider Higher Ed/School                 |
| Title:                          |             |      | Mental Health Professional                   |
| Agency or Organization:         |             |      | Nurse  |
|                                 |             |      | OT or PT                                     |
| Address:                        | City:       | ZIP: | Parent Physician                             |
| Email:                          | Phone:      |      | Social Worker                                |
| Liliali.                        | i none      |      | Other:                                       |
| Association use only:           |             |      |  |
| Assoc. #:                       |             |      |  |
| Member 7                        |             |      | Current Discipline or Expertise:             |
| Loot Names                      | First Names |      | Early Childhood                              |
| Last Name:                      | First Name: |      | El Provider                                  |
| Title:                          |             |      | Higher Ed/School  Mental Health Professional |
|                                 |             |      | Nurse  |
| Agency or Organization:         |             |      | OT or PT                                     |
| Address:                        | Citv:       | ZIP: | Parent Physician                             |
|                                 |             |      | Social Worker                                |
| Email:                          | Phone:      |      | Other:                                       |
| Association use only:           |             |      |  |
| Assoc. #:                       |             |      | Current Discipline or Expertise:             |
|                                 |             |      | Early Childhood                              |
| Last Name:                      | First Name: |      | El Provider                                  |
| Title:                          |             |      | Higher Ed/School  Mental Health Professional |
| Title:                          |             |      | Nurse  |
| Agency or Organization:         |             |      | OT or PT                                     |
| Address:                        | City        | 7ID· | Parent Physician                             |
| Address.                        | Oity        | ZIF  | Social Worker                                |
| Email:                          | Phone:      |      | Other:                                       |
| Association use only:           |             |      |  |
| Association use only:           |             |      | <u> </u>                                     |
| Member 9                        |             |      | Current Discipline or Expertise:             |
|                                 | Circt Names |      | Early Childhood                              |
| Last Name:                      | First Name: |      | El Provider                                  |
| Title:                          |             |      | Higher Ed/School                             |
|                                 |             |      | Mental Health Professional                   |
| Agency or Organization:         |             |      | Nurse OT or PT                               |
| Address:                        | Citv:       | ZIP: | Parent                                       |
|                                 |             |      | Physician                                    |
| Email:                          | Phone:      |      | Social Worker Other:                         |
| Association use only: Assoc. #: |             |      | Culot.                                       |
|                                 |             |      |  |

| Member 10               |             |      | Current Discipline or Expertise:             |
|-------------------------|-------------|------|--|
| Last Name:              | First Name: |      | Early Childhood                              |
|                         |             |      | El Provider Higher Ed/School                 |
| Title:                  |             |      | Mental Health Professional                   |
| Agency or Organization: |             |      | Nurse  |
|                         |             |      | OT or PT                                     |
| Address:                | City:       | ZIP: | Parent Physician                             |
| Email:                  | Phone:      |      | Social Worker                                |
| Liliali.                | i none.     |      | Other:                                       |
| Association use only:   |             |      |  |
| Assoc. #:               |             |      |  |
| Member 11               |             |      | Current Discipline or Expertise:             |
| Member 11               |             |      | Early Childhood                              |
| Last Name:              | First Name: |      | Early Childhood El Provider                  |
|                         |             |      | Higher Ed/School                             |
| Title:                  |             |      | Mental Health Professional                   |
| Agency or Organization: |             |      | Nurse OT or PT                               |
|                         |             |      | Parent                                       |
| Address:                | City:       | ZIP: | Physician                                    |
| Email:                  | Phone:      |      | Social Worker                                |
|                         | r none.     |      | Other:                                       |
| Association use only:   |             |      |  |
| Assoc. #:               |             |      |  |
| Member 12               |             |      | Current Discipline or Expertise:             |
|                         |             |      | Early Childhood                              |
| Last Name:              | First Name: |      | El Provider                                  |
| Title:                  |             |      | Higher Ed/School  Mental Health Professional |
| Title:                  |             |      | Nurse  |
| Agency or Organization: |             |      | OT or PT                                     |
|                         |             |      | Parent                                       |
| Address:                | Oily        | ZIF  | Physician Social Worker                      |
| Email:                  | Phone:      |      | Other:                                       |
| Association use only:   |             |      |  |
| Assoc. #:               |             |      |  |
|                         |             |      |  |
|                         |             |      |  |
| Member 13               |             |      | Current Discipline or Expertise:             |
| Last Name:              | First Name: |      | Early Childhood                              |
| Title:                  |             |      | El Provider Higher Ed/School                 |
| Agency or Organization: |             |      | Mental Health Professional Nurse             |
| Agency of Organization. |             |      | OT or PT                                     |
| Address:                | City:       | ZIP: | Parent                                       |
| Email:                  | Phone:      |      | Physician<br>Social Worker                   |
|                         |             |      | Other:                                       |
| Association use only:   |             |      |  |
| Assoc. #:               |             |      |  |

| Member 14                       |                |      | Current Discipline or Expertise: |
|---------------------------------|----------------|------|----------------------------------|
| Last Name:                      | First Name     |      | Early Childhood                  |
| Last Hamo.                      | 1 1100 1401110 | _    | El Provider                      |
| Title:                          |                |      | Higher Ed/School                 |
|                                 |                |      | Mental Health Professional       |
| Agency or Organization:         |                |      | Nurse                            |
|                                 |                |      | OT or PT                         |
| Address:                        | City:          | ZIP: | Parent Physician                 |
|                                 |                |      | Social Worker                    |
| Email:                          | Phone:         |      | Other:                           |
| Association use only: Assoc. #: |                |      |                                  |
| Member 15                       |                |      | Current Discipline or Expertise: |
| Last Names                      | First Names    |      | Early Childhood                  |
| Last Name:                      | First Name:    |      | El Provider                      |
| Title                           |                |      | Higher Ed/School                 |
| Title:                          |                |      | Mental Health Professional       |
| Aganay or Organizations         |                |      | Nurse                            |
| Agency or Organization:         |                |      | OT or PT                         |
| Address:                        | City           | 7ID· | Parent                           |
| Address.                        | Oity           |      | Physician                        |
| Email:                          | Phone:         |      | Social Worker Other:             |
| Association use only: Assoc. #: |                |      |                                  |
| Member 16                       |                |      | Current Discipline or Expertise: |
|                                 |                |      | Early Childhood                  |
| Last Name:                      | First Name:    |      | El Provider                      |
| T:41                            |                |      | Higher Ed/School                 |
| Title:                          |                |      | Mental Health Professional       |
| AganayanOrganization            |                |      | Nurse<br>OT or PT                |
| Agency or Organization:         |                |      | Parent                           |
| Address:                        | City           | 71D· | Physician                        |
| Address                         | City           | ZIF  | Social Worker                    |
| Email:                          | Phone:         |      | Other:                           |
|                                 | 1 Hone:        |      |                                  |
| Association use only: Assoc. #: |                |      |                                  |
| Member 17                       |                |      | Current Discipline or Expertise: |
| Last Name:                      | First Name:    |      | Early Childhood                  |
|                                 |                |      | El Provider                      |
| Title:                          |                |      | Higher Ed/School                 |
| Agency or Organization:         |                |      | Mental Health Professional Nurse |
| Addross:                        | City           | ZID: | OT or PT<br>Parent               |
| Address:                        | City           | LIF  | Physician                        |
| Email:                          | Phone:         |      | Social Worker                    |
| LIIIaII                         | i none         |      | Other:                           |
| Association use only: Assoc. #: |                |      |                                  |

| Member 18                       |             |      |
|---------------------------------|-------------|------|
| Last Name:                      | First Name: |      |
| Title:                          |             |      |
| Agency or Organization:         |             |      |
| Address:                        | City:       | ZIP: |
| Email:                          | Phone:      |      |
| Association use only: Assoc. #: |             |      |
| Member 19                       |             |      |
| Last Name:                      | First Name: |      |
| Title:                          |             |      |
| Agency or Organization:         |             |      |
| Address:                        | City:       | ZIP: |
| Email:                          | Phone:      |      |
| Association use only: Assoc. #: |             |      |
| Member 20                       |             |      |
| Last Name:                      | First Name: |      |
| Title:                          |             |      |
| Agency or Organization:         |             |      |
| Address:                        |             |      |
| Email:                          | Phone:      |      |
| Association use only: Assoc. #: | Phone:      |      |

## Current Discipline or Expertise:

|   | Early Childhood            |
|---|----------------------------|
|   | El Provider                |
|   | Higher Ed/School           |
|   | Mental Health Professional |
|   | Nurse                      |
|   | OT or PT                   |
|   | Parent                     |
|   | Physician                  |
|   | Social Worker              |
|   | Other:                     |
|   |                            |
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## Current Discipline or Expertise:

| Early Childhood            |
|----------------------------|
| El Provider                |
| Higher Ed/School           |
| Mental Health Professional |
| Nurse                      |
| OT or PT                   |
| Parent                     |
| Physician                  |
| Social Worker              |
| Other:                     |
|                            |
|                            |

## Current Discipline or Expertise:

| Early Childhood            |
|----------------------------|
| El Provider                |
| Higher Ed/School           |
| Mental Health Professional |
| Nurse                      |
| OT or PT                   |
| Parent                     |
| Physician                  |
| Social Worker              |
| Other:                     |
|                            |
|                            |