

Verification of Applicant's Provision of Reflective Practice Facilitation

For complete endorsement requirements please refer to the <u>California Compendium of Training</u>
<u>Guidelines, Personnel Competences, and Professional Endorsement Criteria for Infant-Family and Early</u>
Childhood Mental Health

As part of the process to apply for endorsement from the California Center for Infant-Family and Early Childhood Mental Health as a Reflective Practice Facilitator I or II, an applicant is required to verify that he or she has provided reflective practice facilitation to others by providing the names and contact information of three individuals to whom he or she provided reflective practice facilitation. The California Center will send an email to each of the three people to verify the supervision and to learn something about the quality of the reflective practice facilitation *provided* by the applicant. The following letter is an example of the email sent by the California Center. It is the responsibility of the applicant to notify these individuals that they will receive a request from the California Center and ask them to respond via email in a timely manner. These requests are for verification that the applicant has indeed provided reflective practice facilitation to others; they are *not* the same as or a substitution for letters of recommendation.

Dear	:
	is applying to the California Center for Infant Family and Early Childhood Mental
<u>Health</u> for	endorsement as a reflective practice facilitator. She/He recommended you as
someone	who could speak to the reflective practice facilitation that she/he provided to you to
support y	our work with young children.

Please respond with an email providing the following information:

- 1. What was the setting in which the applicant provided reflective practice facilitation (RPF) to you? (agency, private practice training program)
- 2. When did the applicant provide RPF to you (dates)?
- 3. What was the average length of the reflective practice sessions and the frequency per month?
- 4. Were the sessions group or individual or a combination of both?
- 5. Describe the direct service work you were doing with infants, toddlers, young children, and their families during this time.



6. Please give a brief statement that your experience with the applicant demonstrated that the reflective practice facilitation you received from this applicant was aligned with the California competencies for reflective facilitation. See <u>California Compendium of Training</u> <u>Guidelines, Personnel Competences, and Professional Endorsement Criteria for Infant-Family and Early Childhood Mental Health at cacenter-ecmh.org if you are not familiar with these competencies.</u>

We appreciate the time you take to do this. As you can imagine, endorsement as a reflective practice facilitator is an important achievement, and feedback from those who have worked directly with the applicant helps us make decisions about the applicant's qualifications. Your response is required to complete the endorsement process, and we respectfully ask that you respond to this email request within five days.

Regards,
California Center Endorsement Coordinator