



ENDORSEMENT APPLICATION

Certificate of Competency in Perinatal Mental Health

APPLICATION INSTRUCTIONS – READ CAREFULLY

The Certificate of Competency in Perinatal Mental Health is an endorsement available **only** to those professionals who are a resident of or work in Rhode Island and have a certification in one of the following:

- **Certified Perinatal Doula (Doula)**
- **Certified Community Health Worker (CCHW)**
- **Certified Peer Recovery Specialist (CPRS)**
- **Certified Alcohol and Drug Counselor (CADC)**
- **Certified Advanced Alcohol and Drug Counselor (CAADC)**

Credentials must be current, valid, and in good standing. The expiration date of the endorsement will be the same as the initial, qualifying credential. You must renew the endorsement with your qualifying credential to maintain it.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** info@ricertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@ricertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicants will be emailed if there is any documentation missing or there are questions regarding the application. Applications with pending problems will be held open for one year from the date of receipt after which they will be closed.
4. A certificate will be mailed to you within 10 business days.

PERINATAL MENTAL HEALTH ENDORSEMENT REQUIREMENTS

PREREQUISITE

REQUIRED: Applicants must hold a current, valid and in good standing credential through RICB as one of the following: CPD/Doula, CCHW, CPRS, CADC, or CAADC.

To renew the endorsement, the prerequisite certification must be renewed.

Professionals certified with RICB will receive the designation on their certificate. The endorsement will have the same expiration date as the credential.

KNOWLEDGE AREAS

1. Understand perinatal mood and anxiety disorders (i.e. prenatal and postpartum depression, anxiety, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, bipolar disorder, psychosis, attention deficit hyperactive disorder, etc.).
2. Knowledge of best practices used by healthcare professionals/providers to identify and treat perinatal mood and anxiety disorders.
3. Knowledge of holistic approaches to manage and/or prevent perinatal mood and anxiety disorders (i.e. promote well-being, nutrition, coping skills, breathing, grounding, etc.).
4. Understand the impact of untreated perinatal mood and anxiety disorders.
5. Knowledge of support and resources for perinatal mood and anxiety disorders.
6. Understand physical and emotional recovery from birth while experiencing perinatal mood and anxiety disorders.
7. Understand how perinatal mood and anxiety disorders affects the family/support system.
8. Knowledge of the impact of environment and culture on the child, individual and family/support system (i.e. emotional and cognitive development, traditions, beliefs, neglect, abuse, violence, housing insecurity, etc.).
9. Knowledge of prenatal and postpartum risk factors for perinatal mood and anxiety disorders.
10. Knowledge of screening processes and assessment tools for perinatal mood and anxiety disorders.
11. Knowledge of the use of medication for perinatal mood and anxiety disorders.
12. Understand how perinatal mood and anxiety disorders affect newborn and infant care.
13. Understand miscarriage, stillbirth, termination/abortion, and infant loss and its effects on perinatal mood and anxiety disorders.
14. Knowledge of the physical impacts of pregnancy, labor, birth, and lactation.
15. Understand the emotional impacts of pregnancy, labor, birth, and lactation.
16. Understand how loss, bereavement, miscarriage, stillbirth, and termination/abortion affect the individual and family/support system.
17. Knowledge of pregnancy after previous experience of infant loss, miscarriage, stillbirth, termination/abortion and the effect on the individual and family/support system.
18. Knowledge of substance use disorder and recovery and its effects on perinatal mood and anxiety disorders (i.e. reoccurrence of use, stigma, co-occurring disorders, culture/traditions, etc.).
19. Advocate for individuals experiencing perinatal mood and anxiety disorders to obtain care, resources and their right to make decisions about their mental health.
20. Knowledge of community, social, political, and environmental advocacy for perinatal mood and anxiety disorders.
21. Understand the roles of various team members (i.e. primary care providers, social workers, behavioral healthcare providers, midwife, obstetrician, etc.).
22. Knowledge of suicidal and homicidal ideation of the individual and/or family/support system.

EDUCATION/TRAINING

REQUIRED: 30 hours relevant to the knowledge areas including three (3) hours in cultural competency over the last five (5) years.

Education is defined as formal, structured instruction: workshops, seminars, in-services, college/university credit courses and online education.

EXPERIENCE

REQUIRED: Currently employed in a relevant position to perinatal mental health and documentation of three (3) months of full-time or 500 hours of part-time employment or volunteer experience.

All applicants, regardless of previous submission of experience for their initial credential, will be required to submit documentation of relevant work experience.

The applicant must be currently in a qualifying position at the time of application. Only volunteer positions or paid employment within the last three (3) years may be counted towards the total experience requirement.

Qualifying work experience can be from multiple organizations to accumulate the required years/hours. If the applicant's experience requirement is not fulfilled from their current organization, they must include documentation from previous employer(s)/organization(s) verifying their title, duties, and dates employed/volunteered, with their application.

A resume may not be used as proof of previous work or volunteer experience.

ENDORSEMENT FEE

REQUIRED: \$100 (fee must accompany the endorsement application).

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 4 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicants to RICB.

Applications received without payment will not be processed.

PERINATAL MENTAL HEALTH ENDORSEMENT: APPLICANT INFORMATION

Form can be completed and saved. You may then print the appropriate pages to submit to RICB.

TYPE OR PRINT LEGIBLY

RICB CREDENTIAL(S): _____

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____

Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Pronouns: _____ **Date of Birth (mm/dd/yyyy):** _____ **SSN (last four):** _____

CONTACT INFORMATION

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____

Primary Email: _____

REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary Email: _____

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification? ☐ Yes ☐ No *If yes, provide full details on a separate sheet.*

I have included copies of training certificates and/or college transcript for 30 hours of education/training, relevant to perinatal mental health, with this application. ☐ Yes ☐ No

PAYMENT INFORMATION

FEE OF \$100 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Checks & Money Orders made payable to RICB

☐ My employer/organization is mailing payment directly to RICB.

☐ The following organization will be paying for my application: _____

Number: _____ - _____ - _____ - _____

☐ My employer/organization is mailing payment directly to the RICB

The following organization will be paying for my application: _____

Name on card: _____ **Exp. Date:** _____ **CVV (3 digits):** _____

Billing address: _____
(If different than the home address)

Email for receipt (if paying by credit card only): _____

EXPERIENCE

REQUIRED: Currently employed in a relevant position to perinatal mental health and documentation of three (3) months of full-time or 500 hours of part-time employment or volunteer experience.

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work per week? _____

Total hours/years worked in current position? _____

I have attached my current job description, dated and signed by both me and my supervisor. ☐ Yes ☐ No

Do you need to document previous employment to fulfill the experience requirement? ☐ Yes ☐ No

If yes, submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.