



## POSTPARTUM SUPPORT INTERNATIONAL

### Employment/Volunteer Verification Form

***Employer/ Volunteer Supervisor:***

- You are being asked to verify employment for someone applying for Perinatal Mental Health Certification by Postpartum Support International (PSI). Please complete all sections of this form and **return it to the applicant** to be included in the application portfolio.
- If you have questions, please contact PSI at [certification@postpartum.net](mailto:certification@postpartum.net). Thank you for your assistance!

***Applicant:***

- Submit only as many forms as needed to verify the required experience. Duplication of the form is acceptable if more than one organization is completing the form.
- The form must be submitted as the first page(s) of the electronic portfolio of scanned evidence (e.g., portable document format [PDF]) that is submitted in support of the application.

\_\_\_\_\_  
Name of Applicant

PMH-C Track:  Mental Health/Psychotherapy     Psychopharmacology     Affiliate

\_\_\_\_\_  
Name of Facility/Company/Organization

\_\_\_\_\_  
City, State/Province, and Country

Applicant Start Date: \_\_\_\_\_ Applicant End Date: \_\_\_\_\_

Employment Type:  Full-time                       Part-time

\_\_\_\_\_  
Name of Person Completing Form (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Phone Number



**POSTPARTUM SUPPORT INTERNATIONAL  
Private Practice Attestation Form**

I, \_\_\_\_\_ (applicant) am applying for the Postpartum Support International's Certification in Perinatal Mental Health (PMH-C). I understand that one of the requirements is completing at least two years of experience working in the perinatal population. I hereby certify that I meet the minimum requirement of two years of experience in the perinatal population by signing below.

Please provide any additional information about relevant work experience (prior positions, etc.)

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\_\_\_\_\_  
Name: \_\_\_\_\_

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

Name of Private Practice: \_\_\_\_\_

Years in Private Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_