



New

Renewing

New Mexico Credentialing Board for Behavioral Health Professionals
5901 Wyoming Blvd NE, Suite J235
Albuquerque, NM 87109

Application for Continuing Education Provider Approval

Required: Include a narrative of provider history, instructor(s) qualification, instructor/trainer bio(s) and a list of courses to be offered during provider approval period along with this form.

_____ Name
of Education Provider (certificate will be issued in this name)

Provider Name _____ Credential/License _____

Agency/Company/Business Name _____

Address _____ City _____ State _____ Zip _____ Mailing _____

Telephone # _____ Fax # _____

Company/Provider website _____ Email address _____

Record Storage Address (Physical address only if different from provider address) _____

_____ Name
of Continuing Education Coordinator and Credential/License _____

Will this provider offer online, virtual or webinar courses under this provider number? Yes No

I certify under penalty of perjury under the laws of the state of New Mexico that the forgoing is true and correct. I have read the NMCBBHP Continuing Education Provider Standards and Guidelines. If approved as a provider, I agree to follow through them when offering continuing education credits.

Continuing Education Coordinator Signature _____ Date _____

Please submit this form to NMCBBHP, 5901 Wyoming Blvd NE, Suite J235, Albuquerque, NM 87109. You can also email form along with **provider history, trainer bios, and list of training topics** to info@nmcbbhp.org. The annual fee for Continuing Education Providers is \$200. Payments can be made by check or via Pay Pal. Pay at www.nmcbbhp.org at the CEU Provider page.

Provider fee _____	Office use only:	Provider # _____
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