



Application for Re-certification

- Complete and sign this application.
- Complete training summary form- list of CE hours.
- Check the CPSW Acceptable courses and NMCBBHP CE approved providers
- Include copies of training certificates, original CFPSW certificate and supervisor endorsement letter
- There is no re-certification fee required.
- Make a copy of for your records.
- Send completed application to NMCBBHP

Re-certification for: **CFPSW (Certified Family Peer Support Worker) Please Print**

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| NAME (as it would appear on certificate) | |
| Certificate # & Expiration Date | |
| Home or Mailing Address Box, Street, City, State & Zip | |
| Phone Number | |
| Email Address | |
| Current Employer | |
| Employer Phone Number | |
| Employer Address City, State, Zip | |

Certified Professionals must submit re-certification packet 60 (sixty) days prior to expiration date. Re-certification form and the training summary form must be completed and submitted with copies of trainings attended. Review the [Re-certification Checklist](#) for specific hours and requirements for your credential and review of non-approved CE hours, information available at www.nmcbhbp.org

If you have any unanticipated circumstances related to the re-certification process, this information must be made in writing to the board with your re-certification packet, (e.g. not enough hours accumulated; non-approved CEU review; unsure of appropriate training documentation).

I hereby attest that all information provided in this application is true and valid to the best of my knowledge.

SIGNATURE

Date

TRAINING SUMMARY FORM – RECERTIFICATION

NAME _____

CERTIFICATE # _____

PAGE _____ OF _____

The continuing education certificates and/or transcripts must include the name of training/course; organization/instructor’s name; date of training; number of CE hours provided and including copies of certificates of attendance, official transcripts for all training and education events. Make copies of this form to list all trainings.

| COURSE/TITLE | Sponsor/Organization Name NMCBBP Approved Provider # | Date of Training | Continuing Education Hours |
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| Total Number of CE hours: | | | |