



NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS

P.O. Box 66405
Albuquerque, NM 87193
www.nmcbbhp.org

Application for Re-certification

Check all applicable fees:

Include \$140 fee for:	CPI	PS	SCPS	CADC	CS
Include a \$100 fee for	CPSW	CFS		\$100 Late Fee	CE review fee

**Additional Fees will apply for CE hours provided by non-approved CE providers. See list of NMCBBHP Approved CE providers on www.nmcbbhp.org and the Re-certification process.*

First Name	Initial	Last Name		
Certificate Number:		Expiration Date:		
Home Address	City	State	Zip	
Home Phone #	Mobile Phone #			
Current Employer (Agency Name)		Phone Number		
Address	City	State	Zip	
Email Address:				

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 Process for All Credentials](#) for specific hours, fees, requirements for your credential and review of non-approved CE hours, information available at www.nmcbbhp.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; fee sent separately; fee for 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

CPI-Certified Prevention Intern, PS-Certified Prevention Specialist, SCSP-Senior Certified Prevention Specialist, CADC-Certified Alcohol & Drug Counselor, CS-Clinical Supervisor, CPSW-Certified Peer Support Worker, CFS-Certified Family Specialist

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.

[illegible]