

New Mexico Credentialing Board for Behavioral Health Professionals

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

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 CPSW 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: CPSW	(Certified Peer Support Worker) Please Print
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	
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Re-certification form and the troof trainings attended. Review	abmit re-certification packet 60 (sixty) days prior to expiration date. aining summary form must be completed and submitted with copies the <u>Re-certification Checklist</u> for specific hours and requirements for on-approved CE hours, information available at <u>www.nmcbbhp.org</u>
must be made in writing to the	circumstances related to the re-certification process, this information ne board with your re-certification packet, (e.g. not enough hours EU review; unsure of appropriate training documentation).
I hereby attest that all inform my knowledge.	ation provided in this application is true and valid to the best of
SIGNATURE	

TRAINING SUMMARY FORM – RECERTIFICATION

NAME	CERTIFICATE #	PAGE	OF
The continuing education certificates and/or training; number of CE hours provided and incluevents. Make copies of this form to list all trainings	ding copies of certificates of attendance, offic		
COURSE/TITLE	Sponsor/Organization Name NMCBBP Approved Provider #	Date of Training	Continuing Education Hours
	To	otal Number of CE hours:	