

NMCBBHP Training Notification Form

Training **MUST** be provided by the NMCBBHP Approved CEU Provider

Provider Name _____ Provider # _____ Expires on _____

Training Date(s): _____ Time of training _____

(#) of CEU hours _____ Type of CE hours _____ (see list below)

- | | | |
|--------------------------|---|-----------------|
| GE – General Education | E – Ethics (prevention, peer or counseling) | PR – Prevention |
| CC – Cultural Competency | CS – Clinical Supervisor | A – Addictions |
| | | P - Peer |

Will this course be provided as: online training, webinar (indicate which) _____

Presenter information (Limit two per session) Provide one form for each session. Include certification/license for each presenter

	Primary Presenter	Co-Presenter
Name		
Email Address		
Phone Number		
Company		
Mailing Address		
City, State, Zip		

Session Information

Session Title

Course Description, Content – Major areas to be covered

Course Objectives (learner outcomes)

Attach with this form: Timed Agenda (include break times), additional information not included on this form

By submitting this form for review and approval, I agree that courses must timely current and relevant to the behavioral health field and based upon contemporary knowledge and understanding. A certificate must be generated and encoded with the number of NMCBBHP approved hours and include the date, location, presenters and CEU Provider signatures

CEU Coordinator (Print Name)

Signature

Date