



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, include copies of training certificates
- Mail your original CWF certificate to NMCBBHP- address listed above
- Make a copy of all documents for your records
- Send completed application and documents via email to info@nmcbbhp.org. or by mail to NMCBBHP

Check for applicable certification:

Re-certification for: **CWF (Certified Wraparound Facilitator)**

NAME (as it would appear on certificate)	
Certificate # & Expiration Date	
Mailing Address (data kept on file) PO/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 30 (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.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; 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
Total Number of CE hours:			