

New Mexico Credentialing Board for Behavioral Health Professionals

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

Application for Renewal of Certification

- Complete and sign this application.
- Complete training summary form-list of CE hours.
- Check the CFPSW 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.

SIGNATURE

- Make a copy of the application for your records.
- Send completed application to NMCBBHP

Re-certification for: CFPSW	(Certified Family 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			
Alternative 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 <u>Re-certification Checklist</u> for specific hours and requirements for your credential and review of non-approved CE hours, information available at <u>www.nmcbbhp.org</u>			
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 inform my knowledge.	ation provided in this application is true and valid to the best of		

Date

TRAINING SUMMARY FORM – RECERTIFICATION

NAME	CERTIFICATE #	PAGE	OF
The continuing education certificates and/or transcripts must in of CE hours provided and including copies of certificates of attendours must be professional ethics and responsibilities; Six (6) ho systems such as children's mental health, special education, professional education of this form to list all trainings.	ndance, official transcripts for all training and purs must be in Cultural Competency; Remain	education events. CE require	ments: Six (6)
COURSE/TITLE List Ethics and Cultural Competency CE hours first	Sponsor/Organization Name NMCBBP Approved Provider #	Date of Training	Continuing Education Hours
	Tota	al Number of CE hours:	