

NMCBBHP Training Notification Form

Training **MUST** be provided under an NMCBBHP Approved CEU Provider

Provider Name _____ Provider # _____ Expires on _____

Training Date(s): _____ Time of training _____

CEU hours requested: _____ 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

Other: _____

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

