



NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS, INC.

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

TRAINING NOTIFICATION FORM

Approved Providers must submit notification of all programs at least thirty (30) days prior to each program. This form must be submitted to NMCBBHP, Inc. No other notification will be accepted. Please make copies of this form for future use.

PROVIDER INFORMATION

Provider Name (as it appears on provider certificate)

Provider Number

PROGRAM INFORMATION:

Program Title

Program Address (including city and state, zip)

Program Instructor(s) (name, credential and/or title)

Program Event Date(s)

Program Time(s)

Brief description of program content:

Will this program be advertised? ____ YES ____ NO

Will this program be open to all professionals? ____ YES ____ NO

PLEASE INDICATE THE NUMBER OF CREDIT HOURS FOR TRAINING AS FOLLOWS:

____ General Education

____ Ethics ____ Prevention ____ Counseling

____ Counseling

____ Prevention

____ Cultural Competency /Awareness

____ Clinical Supervision

____ **TOTAL CREDIT HOURS OFFERED FOR THIS COURSE**

MAIL/EMAIL THIS FORM TO:

NMCBBHP, PO Box 66405, Albuquerque, NM 87193
www.nmcbbhp.org EMAIL: info@nmcbbhp.org

FOR OFFICE USE ONLY

Date received: _____

Reviewed by: _____

Notes: _____