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New Mexico Credentialing Board for Behavioral Health Professionals
 P.O. Box 66405
 Albuquerque, NM 87193
www.nmcbbhp.org

Application for Continuing Education Provider Approval

Required: Include a narrative of provider history, instructor(s) qualification, instructor/trainer bio(s) and a list of courses to be offered during provider approval period along with this form.

 Name of Education Provider (certificate will be issued in this name)

 Provider Name Credential/License

 Agency/Company/Business Name

 Mailing Address City State Zip

 Telephone # Fax #

 Company/Provider website Email address

 Record Storage Address (Physical address only if different from provider address)

 Name of Continuing Education Coordinator and Credential/License

Will this provider offer online, virtual or webinar courses under this provider number? Yes No

I certify under penalty of perjury under the laws of the state of New Mexico that the forgoing is true and correct. I have read the NMCBBHP Continuing Education Provider Standards and Guidelines. If approved as a provider, I agree to follow through them when offering continuing education credits.

 Continuing Education Coordinator Signature Date

Please submit this form to NMCBBHP, PO Box 66405, Albuquerque, NM 87193. You can also email form along with **provider history, trainer bios, and list of training topics** to info@nmcbbhp.org. The annual fee for Continuing Education Providers is \$200. Payments can be made by check or via Pay Pal. Pay at www.nmcbbhp.org at the CEU Provider page.

Provider fee _____	Office use only:	Provider # _____
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