NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS
P.O. Box 66405
Albuquerque, NM 87193
www.nmcbbhp.org

Application for Re-certification

Check all applicable fees:

Include $140 fee for: ◯ CPI ◯ PS ◯ SCPS ◯ CADC ◯ CS

Include a $100 fee for ◯ CPSW ◯ CFS | ☐ $100 Late Fee ☐ CE review fee

Additional Fees will apply for CE hours provided by non-approved CE providers. See list of NMCBBHP Approved CE providers on www.nmcbbhp.org and the Re-certification process.

First Name	Initial	Last Name
Certificate Number:	Expiration Date:	
Home Address	City State	Zip
Home Phone #	Mobile Phone #	
Current Employer (Agency Name)	Phone Number	
Address	City State	Zip
Email Address:		

****

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 *Re-certification Process for All Credentials* for specific hours, fees, 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; fee sent separately; fee for 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**

CPI-Certified Prevention Intern, PS-Certified Prevention Specialist, SCSP-Senior Certified Prevention Specialist, CADC-Certified Alcohol & Drug Counselor, CS-Clinical Supervisor, CPSW-Certified Peer Support Worker, CFS-Certified Family Specialist

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