



NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS

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

APPLICATION FOR CONTINUING EDUCATION PROVIDER APPROVAL

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

Business Name

Mailing Address

City, State, Zip

Record Storage Address *(Physical Addresses Only)*

City, State, Zip

Telephone Number

Fax Number

Email

Company Website

Name of Continuing Education Coordinator, Credential(s)

Will this provider offer distance learning or independent study under this provider number? YES NO

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

Continuing Education Coordinator Signature

Date

Email questions to info@nmcbbhp.org regarding the CE application form

The annual fee for Continuing Education Providers is \$200.00

Payments may be made by check, money order or online using the PayPal option

Mail form with payment to:
NMCBBHP, PO Box 66405, Albuquerque, NM 87193.

Amt Enclosed: _____ **Payment Type:** _____