



NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS, INC.

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CONTINUING EDUCATION COORDINATOR CHANGE FORM

PROVIDER NUMBER

Name of Education Provider

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 Previous Continuing Education Coordinator, Credential(s)

Name of Continuing Education Coordinator, Credential(s)

Effective Date for Change

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. I agree to follow them when offering continuing education credit.

New Continuing Education Coordinator Signature

Date