



**NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS, INC.**

P.O. Box 66405

Albuquerque, NM 87193

email: nmcbbhp@netscape.net

www.nmcbbhp.org

Application for CPSW Re-certification

Date _____ Cert. # _____ Expiration Date _____

Name _____
(Last) (First) (Middle) *as it will appear on Certificate*

Mailing Address _____
(No & Street) (City) (State & Zip Code)

Email: _____ Ph# _____
(Optional)

Current Employer _____
(Name) (Phone)

Address _____
(No & Street) (City) (State & Zip Code)

- **The re-certification process includes submitting documentation of forty (40) hours of continued education or training related to Peer Support Services (these hours must have been accumulated during your certification period). The following training is required:**
 - Six (6) hours must be of either counseling, professional or legal ethics
 - Six (6) hours must be in Cultural Competency
- **List all training/education events attended below and include copies of certificates.**
- **Provide a current letter of endorsement by a Supervisor.**
- **Provide your current Original Certificate. Applicant will be re-issued a new certificate**
- **Submit \$100.00 fee as required with this application.**
- **Mail all information to: NMCBBHP, PO BOX 66405, Albuquerque, NM 87193**

<u>Title of Course</u>	<u>Organization/Trainer</u>	<u>Dates Attended</u>	<u>Hours Earned</u>

Total Hours: _____

Re-certification application must be submitted approximately 60-days prior to expiration date.