



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

P.O. Box 66405
Albuquerque, NM 87193
email: nmcbbhp@netscape.net
www.nmcbbhp.org

DISTANCE LEARNING/INDEPENDENT STUDY NOTICE FORM

Approved Providers must submit notification of all distance learning/independent study programs and obtain approval from the NMCBBHP. This form must be submitted to NMCBBHP. No other notification will be accepted. The NMCBBHP will respond in writing within ninety (90) days with course approval, a request for more information, or course denial and explanation.

PROVIDER INFORMATION

Provider Name (as it appears on provider certificate)

Provider Number

PROGRAM INFORMATION

Program Title

Program Format (e.g. internet course, video and text, etc.)

Program Instructor(s)

PLEASE ATTACH THE FOLLOWING ITEMS TO THIS NOTICE:

- (1) Course outline and objectives
- (2) List of course references
- (3) Detailed description of how course functions, including a description of how students will have access to the instructor

Will this program be advertised? _____ YES _____ NO

Will this program be open to all professionals? _____ YES _____ NO

PLEASE CATEGORIZE HOURS AS FOLLOWS:

- _____ General Education Credit Hours
- _____ Ethics Credit Hours
- _____ Clinical Supervision Credit Hours
- _____ Cultural Awareness Credit Hours
- _____ Dual Diagnosis Credit Hours
- _____ Prevention Credit Hours

_____ **TOTAL CREDIT HOURS OFFERED FOR THIS COURSE**

MAIL/FAX/EMAIL THIS FORM TO:

NMCBBHP, PO Box 66405, Albuquerque, NM 87193
FAX: (505) 839-2020 * EMAIL: nmcbbhp@netscape.net

FOR OFFICE USE ONLY

Date received: _____ Reviewed by: _____ Approval Date: _____

Notes: _____