



**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 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

**The annual fee for Continuing Education Providers is \$200.00**

Payments may be made by check, money order, or purchase order.

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

**Amt Enclosed:** \_\_\_\_\_ **Payment Type:** \_\_\_ Check \_\_\_ Money Order \_\_\_ Purchase Order \_\_\_