



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

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

TRAINING NOTIFICATION FORM

Approved Providers must submit notification of all programs at least thirty (30) days prior to each program. This form must be submitted to NMCBBHP, Inc. No other notification will be accepted. Please make copies of this form for future use.

PROVIDER INFORMATION

Provider Name (as it appears on provider certificate)

Provider Number

PROGRAM INFORMATION

Program Title

Program Address (including city and state)

Program Instructor(s)

Program Date(s)

Program Time(s)

Brief description of program content:

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: _____ **Fee Received: YES NO Fee Amount:** _____

Notes: _____

Reviewed by: _____ **Date:** _____