



COUNSELING AND THERAPY PRACTICE BOARD

APPLICATION FOR APPROVED CONTINUING EDUCATION PROVIDER

\$100.00 Application Fee (non-refundable)

The New Mexico Counseling and Therapy Practice Board has promulgated rules defining the eligibility of who may serve as an Approved Continuing Education Provider (CEU Provider) and has established criteria for determining if the course(s) and instructor(s) and presenter(s) will promote growth and learning within the fields of counseling and therapy.

If approved, the CEU Provider license will be valid through the remainder of the current renewal cycle of no more than 24 months and no less than 12 months. CEU Provider licenses are non-renewable, but one can reapply at any time. Once an approved CEU Provider, additional courses do not need to be submitted for approval. All future coursework must promote growth and learning within the fields of counseling and therapy and must abide by the code of ethics and the Counseling and Therapy Practice Act.

If approved, CEU Providers are responsible for maintaining course and attendance records for a period of no less than three (3) years, and make copies of attendance certificates available to attendees upon request.

PLEASE COMPLETE AND PRINT THE FILLABLE FORM BELOW, AND SUBMIT IT WITH ANY REQUIRED DOCUMENTS LISTED IN THE APPLICATION ALONG WITH A CASHIERS CHECK, MONEY ORDER, OR PERSONAL CHECK (Payable to: Counseling and Therapy Practice Board) TO THE FOLLOWING ADDRESS:

Boards and Commissions Division
 Attn: Counseling and Therapy Practice Board
 P.O. Box 25101
 Santa Fe, NM 87504

IF APPROVED, YOU WILL RECEIVE NOTIFICATION OF YOUR CEU PROVIDER LICENSE VIA EMAIL TO THE ADDRESS YOU PROVIDE BELOW, & YOUR LICENSE WILL BE SENT TO THE MAILING ADDRESS YOU PROVIDE BELOW.

****All licensing information provided herein is public, pursuant to the New Mexico Inspection of Public Records Act****

| I. PERSONAL INFORMATION | | |
|---|-------------|-----------------|
| All information is required. | | |
| Last Name: | First Name: | Middle Initial: |
| Mailing Address: | | |
| Mailing City, State, Zip code: | | |
| Phone Number: | | |
| Email: <i>All communication regarding your application will be sent to your email address</i> | | |
| Date of Birth (month, day, year): | | |



| II. LICENSE INFORMATION | | |
|--|---|------------------|
| All applicants are required to hold a current license from the list below. A copy of your current license or official license verification must be submitted with your application. | | |
| Please select the current license type you hold: *requires three years of experience in the field of drug and alcohol abuse counseling | <input type="checkbox"/> Licensed Professional Clinical Mental Health Counselor (L <input type="checkbox"/> Licensed Marriage and Family Therapist <input type="checkbox"/> Licensed Professional Art Therapist <input type="checkbox"/> Licensed Alcohol and Drug Abuse Counselor * <input type="checkbox"/> Licensed Independent Clinical Social Worker <input type="checkbox"/> Licensed Psychologist | |
| License Number: | Issue Date: | Expiration Date: |

| III. EDUCATION & EXPERIENCE REQUIRMENTS | |
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| Applicants must provide the following documentation: | |
| <ol style="list-style-type: none"> All applicants (except for LADAC's) must submit evidence of having a master's or doctoral degree in counseling or a counseling related field from an accredited institution (transcripts or a copy of a diploma are examples of acceptable documentation.) A copy of the presenter's curriculum vitae or resume. | |
| DOCUMENTS ATTACHED TO THIS APPLICATION (Please provide a short description): | |
| 1. Education Documentation | |
| 2. Current Resume or CV | |

| IV. ADDITIONAL REQUIREMENTS | |
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| All applicants must provide the following: | |
| <ol style="list-style-type: none"> Complete course description with objectives for at least one course. Mock CEU certificate for each course description | |
| DOCUMENTS ATTACHED TO THIS APPLICATION (Please provide a short description): | |
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V. AFFIDAVIT:

I, _____, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am at least twenty-one (21) year of age, and I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I am not using any controlled substances, as defined in the Controlled Substances Act [Chapter 30, Article 31 NMSA 1978], or using a mood-altering substance or alcoholic beverage to an extent or in a manner dangerous to myself or any other person or the public or to an extent that the use impairs my ability to perform the work of a counselor or therapist practitioner. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial, suspension, or revocation of my license. I further attest that I have read the Code of Ethics 16.27.18 NMAC and I agree to be bound and governed by that code of ethics.

Applicant's Signature _____ Date _____

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.

IF THIS APPLICATION IS SUBMITTED WITHOUT THE INFORMATION OR DOCUMENTS REQUIRED ABOVE, IT IS CONSIDERED INCOMPLETE AND CANNOT BE PROCESSED. AFTER SIX (6) MONTHS FROM DATE OF RECEIPT, INCOMPLETE APPLICATIONS ARE CONSIDERED NULL AND VOID AND WILL REQUIRE A NEW APPLICATION IN ORDER TO APPLY AGAIN.

PLEASE ENSURE THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION. AFTER COMPLETING, PRINT THIS FORM AND SUBMIT IT WITH ANY REQUIRED DOCUMENTS LISTED IN THE APPLICATION ALONG WITH A CASHIERS CHECK, MONEY ORDER, OR CHECK (Payable to: New Mexico Regulation and Licensing Department) TO THE FOLLOWING ADDRESS:

Boards and Commissions Division
P.O. Box 25101
Santa Fe, NM 87504

FOR BOARD OFFICE STAFF USE ONLY

| | | | |
|------------|---------------|-------------|--------|
| Receipt #: | Deposit Date: | Fee Amount: | CK/MO: |
| | / / | \$ | |

