



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

**New Mexico Board of Examiners for Occupational Therapy**  
**APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL**

*Enclose a \$25 fee for each CE program approval request.*

Program Title: \_\_\_\_\_

Program Dates: \_\_\_\_\_

Program Location: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

Program Instructor: \_\_\_\_\_

Instructor's Background/Expertise: \_\_\_\_\_

- *Instructor's educational credentials **MUST** be included with this application.*
- *Please provide a description on how this course will address the occupational performance of clients.*

Program Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Attach a Program Agenda to the application.*** Agenda should show a breakdown of *time spent in actual training*. Breaks and lunch are not included in hours approved.

***Return CE approval notification to:***

Attention: \_\_\_\_\_

Facility name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Website: \_\_\_\_\_

***Courses are approved for one (1) year from the approval date***