NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

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