



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 Board of Mental Health Practice
 7 Eagle Square, Concord, NH 03301-2412
 Phone: 603-271-2152

Continuing Education and Collaboration Report Form 200

Name: _____ License Number: _____

Address: _____

MHP 402.01 requires 40 continuing education unit (CEU) hours to renew your license. At least 6 continuing education hours must be in ethics.

Please refer to the reverse side of this form for information relative to the category A and B and sponsor columns. The approved sponsors listed in MHP 402.02 are numbered (1-12) on the back of this sheet. Please list the number that corresponds to the sponsor in the sponsor column. **Please put a * next to all programs that were home study.** Mhp 402.02 allows participation in home study courses, up to a maximum of 20.

<u>Date</u>	<u>Name of Program</u>	<u>Category</u>	<u>Credits</u>	<u>Sponsor</u>
Total Credits:				

PLEASE ATTACH COPIES OF ALL CE CERTIFICATES 6/10/2014

MHP 402 – CONTINUING EDUCATION

- 1) CEU's (**40 hours total**)
- 2) 30 hours must be from Category A: 10 from Category B (optional)
- 3) 6 must be in ethics (Category A)
- 4) Participation in home study limited to 20 hours

CATEGORY A

- 1 – APA 5 – AAMFT 9 – AMA
- 2 – AAPC 6 – ACA 10 – Graduate level course from Dept. of Psych.
- 3 – NASW 7 – ASWB 11 – Preparation of a syllabus for a new graduate course
- 4 – NBCC 8 – AMHCA 12 – Thorough updating of a graduate course

CATEGORY B

- 1 – Seminar not listed in A
- 2 – Publication of professional book (not to exceed 5 hours)
- 3 – Publication of articles in a professional journal (not to exceed 5 hours)

This is a summary of Mhp 402. Please refer to Board rules for more detail.

COLLABORATION

(40 hours required)

I have fulfilled the collaboration requirement in the following way: (Be sure to include at least two names of licensed professionals you have collaborated with and a short description of the kinds of issues discussed).

Licensed: (circle one) SW PP MHC MFT License #_____

Signature_____

Please print your name_____

PLEASE RETURN TO: NH BOARD OF MENTAL HEALTH PRACTICE
7 EAGLE SQUARE
CONCORD, N.H. 03301

7/19/2014