



New Mexico Credentialing Board for  
Behavioral Health Professionals  
P.O. Box 66405  
Albuquerque, NM 87193

## Internship Verification Form

Supervisor/Administrator:

The individual supplying you with this form is applying to the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) for Credentialing. The information requested here is an essential part of the board's evaluation process to determine the readiness of the applicant and must be included to meet Board requirements.

The applicant is required to complete a total of 40 hours of internship time before they can turn in their application. The 40 hours of internship could include paid, unpaid, or volunteer time.

Please return this form promptly to:

**NMCBBHP**  
**P.O. Box 66405**  
**Albuquerque, NM 87193**

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Applicant Name (print)

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Supervisor/Administrator Name (print)

Title

(or other approved verifying individual who provided Parent Peer Specialist experience)

Dates of Supervision \_\_\_\_\_ - \_\_\_\_\_  
From To

Number of internship hours completed: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Type of Agency:** (Check one)

\_\_\_\_ a) Family-Run Agency

\_\_\_\_ b) Behavioral Health Provider Agency

\_\_\_\_ c) Public Health Agency

\_\_\_\_ d) Other \_\_\_\_\_

## Internship Verification Form

**Directions:** Please supply this evaluation form to an appropriate individual/supervisor who has provided you with a minimum of **40 hours** of supervised Parent Peer Specialist experience.

Applicant Exposed to Following Activities in this Agency:			
1. Professional paperwork	NA	Yes	No
2. Family engagement and empowerment	NA	Yes	No
3. Systems navigational assistance	NA	Yes	No
4. Parent education and information exchange	NA	Yes	No
5. Linkage to services	NA	Yes	No
6. Direct advocacy and assistance	NA	Yes	No
7. Coaching/role modeling	NA	Yes	No
8. Systems advocacy	NA	Yes	No

**N/A - Not applicable, has not performed**  
**M - Meets basic expectations**

**N/I - Needs Improvement**  
**E - Exceeds expectations**

*Please circle response*

During the internship the applicant exhibited the following skills or professional traits:				
1. <b>Reliability:</b> showed up when expected or called in if an issue arose	NA	NI	M	E
2. <b>Follow Through:</b> performed tasks as directed	NA	NI	M	E
3. <b>Pursued Information:</b> was attentive and asked appropriate questions	NA	NI	M	E
4. <b>Professional Demeanor:</b> was courteous and friendly	NA	NI	M	E
5. <b>Professional Skills:</b>				
a. Communication	NA	NI	M	E
b. Writing Skills	NA	NI	M	E
c. Computer Skills	NA	NI	M	E
d. Problem Solving Skills	NA	NI	M	E
e. Positive Attitude	NA	NI	M	E