



NEW MEXICO BOARD OF DENTAL HEALTH CARE NEW MEXICO DENTAL HYGIENIST COMMITTEE

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

▪ PO Box 25101 ▪ Santa Fe, New Mexico 87504

(505) 476-4680 ▪ Fax (505) 476-4545 ▪ www.RLD.state.nm.us/dental

INSTRUCTIONS FOR DENTISTS APPLYING FOR LICENSURE BY CREDENTIALS

All licensing information provided is public information

On behalf of the New Mexico Dental Health Care Board, we are pleased that you have chosen New Mexico as a place to practice Dentistry.

Please review the rules regarding licensure requirements. If you do not qualify, you will not be granted licensure and you will forfeit your application fee.

The Board requires a **Level II** background status report from **Professional Background Information Service (PBIS)**. **The background process may take 45-90 days to complete.** If you have not completed the PBIS background, the board and staff strongly recommend you start the background process immediately.

Applicants must apply and pay a fee of **\$500.00** directly to **PBIS** to initiate this service. To start the PBIS background or to check the status of the background, please contact:

Professional Background Information Service (PBIS)

23460 N. 19th Ave, Suite 225

Phoenix, AZ 85027

(602) 861-5867 Fax: (602) 861-9656

www.pbisonline.com

Upon receipt of the attached NM Licensure by Credentials application and the required **\$850.00** application fee, you will be sent a status letter indicating any missing documentation for the completion of your file; which includes the PBIS background. Once all documentation is received your application will be sent to the Board's Application Committee (or designee) for approval. Your license will be issued within three working days of the committees' approval.

Applicants with findings by PBIS, (i.e. civil cases, malpractice cases, state discipline, and criminal cases) will be presented to the New Mexico Board of Dental Health Care Application Committee; the committee will make its recommendation regarding the applicant(s) to the New Mexico Board of Dental Health Care at its next regularly scheduled meeting. The New Mexico Board of Dental Health Care meets quarterly throughout the year. *Applicants who go before the New Mexico Board of Dental Health Care should expect a period of approximately three months for a decision (approval/denial).*

Any address or phone number changes must be communicated to the board office in writing via U.S. Mail, fax or e-mail.

If you have any questions about the licensing requirements or process, contact the Board office at (505) 476-4680, by fax (505) 476-4545 or e-mail Dental.Board@state.nm.us

REQUIREMENTS FOR GENERAL PRACTICE LICENSE

- Graduated and received a diploma from an accredited dental school
- Completed 60 hours of approved continuing education during the past 36 months
- Passed the dental national board examination
- Passed the NM jurisprudence exam with a score of at least 75%
- A **PBIS** Level II background status report

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

- Holds a current active license in good standing (see below) by clinical examination in another state or territory of the United States
OR
- maintained a uniform service practice in the United States military or public health service for three years immediately preceding the application

A license in good standing is defined as having an active dental license in a jurisdiction for a period of at least three consecutive years immediately preceding the date of application, and a minimum of five years of dental licensure. The Board may consider disciplinary, stipulation or administrative actions taken against it by the issuing agency when determining whether a license is in good standing. The board may deny, stipulate, or otherwise limit a license if it is determined the applicant holds or has held a license in another jurisdiction that is not in good standing, if proceedings are pending against the applicant in another jurisdiction, or information is received indicating the applicant is of danger to patients or is guilty of violating any of the provisions of the act, the Uniform Licensing Act, the Impaired Dentists and Hygienists Act, or these rule

REQUIREMENTS FOR SPECIALTY LICENSE - The following requirements are in addition to all requirements need for General Practice Licensure.

- A postgraduate degree or certificate from an accredited dental school or approved residency program in one of the specialty areas of dentistry recognized by the ADA.
- Passed a WREB, CRDTS, SRTA or CDCA/ADEX specialty examination. Exams are valid in New Mexico for a period not to exceed five years. An applicant in any specialty defined below in which there is no specialty examination may substitute diplomate status for the examination
- The examination must include the entry level clinical skills in one of the following specialties:

Endodontics	Oral and Maxillofacial Surgery
Orthodontics/Dento-Facial Orthopedics	Oral Pathology
Pediatric Dentistry	Periodontology
Prosthodontics	Oral and Maxillofacial Radiology

OR

- Licensure as a specialist in dental public health, the applicant must have successfully completed the examination for diplomate status given by the American Board of Public Health Dentistry.
- Holds a current active license in good standing by clinical examination in another state or territory of the United States. (*see definition in general practice licensure*)

DOCUMENTATION REQUIREMENTS FOR ALL APPLICANTS:

- Completed signed and notarized; original (no copies), New Mexico Board of Dental Health Care Application for Licensure by Credentials including a passport quality photo, taken within the last six months. *Applications are valid for one year from the date of receipt.*
- Application fee of **\$850** (check, money order, MasterCard or Visa) payable to the **New Mexico Board of Dental Health Care**. The application fee includes the initial licensing period, not to exceed three years. *Application fees are non-refundable.*
- Official transcripts and/or an original letter on letterhead with a raised embossed seal verifying successfully pass all required courses from the dental school or college, to be sent directly to the board office from the accredited program

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSION DIVISION

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

- Copy of national board examination score card or certificate
- Copy of current certificate in infection control technique within the past twelve months.
- Copy of current Basic Life Support (BLS) or Cardiac Pulmonary Resuscitation (CPR) certification accepted by the American Heart Association or the American Red Cross; cannot be a self-study course
- Verification of licensure in all states where the applicant holds or has held a license to practice dentistry, or other health care profession. Certification must be sent directly to the office from the other state(s) board, must include a raised seal, and must attest to the status, issue date, expiration date, license number, and other information contained on the form.
- Provide copies of certificate of completion for sixty (60) hours of continuing education hours during the thirty-six months prior to licensure in compliance with Section 16.5.1.15 NMAC of the rules.
- A **PBIS** Level II background status report

Dentists employed in uniform dental service shall also furnish:

- *A copy of the most recent commissioned officers effectiveness report, or equivalent, issued by the uniformed service dental service,*

AND

- *A certified letter from the clinic commander attesting to past record and any actions taken on applicants uniform service credentials*

Applicants for specialty licensure:

In addition to the documentation required above, an applicant for licensure in specialty areas must also include the following documentation:

- Official transcripts from the residency program and /or postgraduate degree from an accredited program in one of the specialty areas.
- Copy of WREB, CRDTS, SRTA or CDCA/ADEX specialty examination score card or certificate. If diplomate status, send copy of certificate.

***Note: Professional Background Information Services (PBIS) may gather the documentation for licensure detailed above; the Board office does not require duplicate copies to be sent with the application.**



**NEW MEXICO BOARD OF DENTAL HEALTH CARE
NEW MEXICO DENTAL HYGIENIST COMMITTEE**

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

▪ PO Box 25101 ▪ Santa Fe, New Mexico 87504

(505) 476-4680 ▪ Fax (505) 476-4545 ▪ www.RLD.state.nm.us/dental

DENTISTRY- APPLICATION FOR LICENSURE BY CREDENTIALS

All licensing information provided is public information

(Application fees are non-refundable)

_____ General Dentistry FEE \$850

_____ Specialty Practice FEE \$850

Please indicate Specialty area: _____

**Attach a
Passport
Quality Photo
Here**

1. PERSONAL INFORMATION

Last Name _____ First _____ Middle _____ Suffix _____

Type or print your name as it appears on your official license or certificate

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: (____) _____ Business Phone: (____) _____

E-Mail Address: _____

Date of Birth

Place of Birth

_____-_____-_____
Social Security Number

Proposed Practice Name: _____

Proposed Practice Address: _____

2. LICENSURE INFORMATION: List all states (or countries) in which you are or have been licensed, regardless of current status (attach additional pages if necessary):

State/Country	Licensed by Exam/ Credentials	License Number	First Initial Issue Date	License Status	Expiration Date
---------------	----------------------------------	-------------------	-----------------------------	-------------------	--------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEA Number: _____

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

I HEREBY CERTIFY that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

I further certify I will, upon receipt, read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

Signature of Applicant

Date

STATE OF _____

COUNTY OF _____

BEFORE ME on this _____ day of _____, 2_____, personally appeared the above-named applicant who, being by my duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

Seal

My Commission Expires: _____

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license as a Dentist is upon you.

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

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID.

Application fee payment method: ____ Check ____ Money Order ____ Credit Card Type: ____MC ____ Visa

Credit Card #: _____ Expiration date: _____ Amount **\$ 850.00**

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSION DIVISION

New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee
Licensure By Credentials

New Mexico Board of Dental Health Care

Jurisprudence Exam

Name: _____ **Date:** _____

Special Instructions:

The purpose of this examination is to test the familiarity with the law and rules that govern the practice of dentistry in New Mexico. Your responsibility is to read the entire Dental Health Care Act and the Rules which are Chapter 5, Title 16, of the NM Administrative Code.

The exam may be returned to the Board office with your application or anytime following submission of your application. Exams received prior to the receipt of the application and fees will not be maintained in the Board office.

This is an “open book” exam based on the Dental Health Care Act, the Impaired Dentists and Hygienists Act, and the NM Administrative Code (NMAC), Title 16, Chapter 5, Dentistry (Dentists, Dental Hygienists, ect.)

ALL ANSWERS MUST BE CLEARLY MARKED IN BLUE OR BLACK INK.

Section 1: Matching-Based on the New Mexico Dental Health Care Act, please match the following definitions.

1. ____ General supervision
2. ____ Direct supervision
3. ____ Indirect supervision
 - a. Means a dentist is present in the treatment facility while authorized treatments are being performed by a dental hygienist, dental assistant or dental student.
 - b. Means the authorization by a dentist of the procedures to be used by a dental hygienist, dental assistant, expanded function dental auxiliary, community dental health coordinator, or dental student and the execution

New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee
Licensure By Credentials

of the procedures in accordance with the dentist's diagnosis and treatment plan at a time when the dentist is not physically present in the facility.

- c. Means the dentist is physically present throughout the performance of the act; orders, controls, and accepts full responsibility; evaluates and approves the procedure performed before the patient departs the dental setting.

Section 2: Multiple Choice-Please circle the letter for the correct answer.

- 4. A Community Health Care Coordinator, under the general supervision of a dentist, is certified to provide:
 - a. Dental education
 - b. Limited palliative care
 - c. Will typically work in settings other than the traditional dental offices and clinics
 - d. All the above

- 5. The purpose of the New Mexico Board of Dental Health Care includes all but the following, except:
 - a. Issue licenses to qualified dentists, owners of dental practices, and dental hygienists
 - b. Negotiate financial disputes/complaints between a patient and the dentist
 - c. Discipline incompetent dentists or unprofessional dentists
 - d. Certify qualified dental assistants, expanded function dental auxiliaries, and community dental health coordinators

- 6. Certified Expanded Function Dental Auxiliaries scope of practice as allowed under the direct supervision of a dentist includes all but the following, except:
 - a. Place and shape restorative materials
 - b. Impress for permanent fixed or removable prosthodontics for single teeth
 - c. Impress for permanent fixed or removable prosthodontics for multiple teeth
 - d. Cement permanent or provisional restorations with temporary cement provided a dentist will monitor the patient within six months.

- 7. Continuing education requirements for dentists per triennial period include all but the following, except:

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSION DIVISION

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

- a. Sixty hours total CE credits
- b. Proof of an Infection Control course
- c. Maximum of 30 hours CE credits may be online webinars or internet self-study
- d. 10 hours of CE credits for all levels of sedation permits including courses in medical emergencies, anesthesia, and/or pharmacology
- e. Proof of Basic Life Support course certification by the American Heart Association (AHA) or American Safety and Health Institute (ASHI)

8. As related to Non-Dentist Owners, all the following are true, except:

- a. Shall be a United States citizen or legal US resident with a valid social security number
- b. Shall be a resident of New Mexico or a corporation registered in New Mexico
- c. The owner/agent must pass the New Mexico Jurisprudence exam with 75% or better
- d. Shall not be responsible for reporting adverse events or actions

9. Prerequisites for a Community Dental Health Coordinator Certification (CDHC) include all the following, except:

- a. Applicant must have a degree in a dental-related field
- b. High school diploma or equivalent and/or college degree
- c. Successful completion of a Board-approved CDHC program
- d. Certification by the Board in radiography, coronal polishing, and fit and fissure sealants

10. All the following are required for proper advertising by a dentist on promotional material, except:

- a. Dentist's name/s
- b. License number
- c. Only Board-recognized Specialty designation, if applicable
- d. Office address and telephone number

11. A dentist may be disciplined (to include license revocation, suspension, fines, stipulation, or limitation of license) if found guilty of all the following, except:

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSION DIVISION

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

- a. Violation of the Controlled Substances Act
- b. Failure to use appropriate infection control techniques and sterilization procedures
- c. Failure to report to the Board any adverse action taken by a licensing board, peer review body, or malpractice carrier
- d. All of the above

12. The following vital sign is NOT required to be recorded in the patient's chart when nitrous oxide analgesia is administered:

- a. Temperature
- b. Pulse
- c. Respirations
- d. Blood pressure

Section 3: True or False-Please mark T or F:

13. The definition of "palliative care" as it relates to the Community Dental Health Care Coordinator (CDHC) scope of care includes nonsurgical, reversible procedures that are meant to alleviate pain and stabilize acute or emergent problems. _____
14. According the Rules, license renewal must be postmarked by July 1st to avoid working illegally under an expired license. _____
15. "Cosmetic Dentistry" is a recognized Board specialty in New Mexico. _____
16. Dental Hygienists in New Mexico may work as collaborative practice hygienists only with a written agreement with a collaborative dentist. _____
17. A dental assistant with a C.D.A. certificate from Dental Assisting National Board (DANB) does not require expanded function dental assistant certification from the Dental Board. _____

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

18. Universal barrier precautions are mandatory in all dental care settings. _____
19. The minimal requirement for all dentists and auxiliary personnel who monitor the use and administration of nitrous oxide is Advanced Life Support certification. _____
20. A Non-Dentist Owner must post all of the dental employees' names, licenses, and the Non-Dentist Owner's name in a prominent location in the dental office. _____
21. Licensees must maintain proof of their continuing education courses for two years following their triennial renewal year. _____
22. Study clubs are an avenue to obtain continuing education credits, but have specific organizational requirements. _____
23. The Department of Health provides the Board of Dental Health Care with recommended practice restrictions following evaluation of providers with transmissible blood-borne diseases. _____
24. A dentist who wishes to retire their license must request retirement status in writing to the Board office prior to the expiration of the current license. _____
25. Tele-dentistry is an allowable form of communication between a supervising dentist and a Community Dental Healthcare Coordinator. _____
26. The Expanded Function Duty Auxiliary may shape and prepare a preparation using an automated method such as a slow speed. _____
27. A Temporary/Public Service dental license can be granted upon request to those who meet the Board's approved qualifications for charitable work, clinical education, and public health service in New Mexico. _____

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Licensure By Credentials

28. Dental Assistants can take X-rays without a Board-issued Dental Radiography certification. _____
29. In New Mexico, before a dentist can administer Botox or dermal fillers, a dentist must receive a minimum of 16 hours of continuing education, of which, 8 hours shall be on live patients. _____
30. Dental Assistants that place and shape restorative material require an Expanded Function Duty Auxiliary certification. _____
31. A dental assistant may utilize dental lasers with proper supervision. _____
32. Hygienists may perform local anesthesia under general supervision with proper certification. _____
33. Starting in 2014, all dentists applying for triennial renewal are also required to report the following: pain management course completion (3 hours) and amalgam separator information in addition to CE course information. _____
34. Applications for dental licensure are valid for six months from the date of receipt.
