



INSTRUCTIONS FOR DENTISTS APPLYING FOR LICENSURE BY CREDENTIALS - **\$850.00 Application Fee**

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.

If you are a licensed professional applying for licensure by credentials, the Board requires a report from B & B Reporting and the National Practitioner Data Bank. These reports must be mailed in with the application. The links for these reports are provided below:

B & B Reporting:

https://bandbreporting.bgsecured.com/c/p/unsolicited_portal?guid=90YnH3OpyP6JD98CdWk9YIpFeb4WNNiR

National Practitioner Data Bank: <https://www.npdb.hrsa.gov/ext/selfquery/SOHome.jsp>

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. 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 B & B Reporting or National Practitioner Data Bank, (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 or e-mail.

If you have any questions about the licensing requirements or process, contact the Board office at (505) 476-4622, 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%



- B & B Report
- National Practitioner Data Bank Report
- 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. Have been in good standing for five years prior to application. 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 application (no copies).
- Passport quality photo, taken within the last six months.
- Application fee of **\$850** (check or money order) 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
- 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 board 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.
- B & B Report
- National Practitioner Data Bank Report

Dentists employed in uniform dental service shall also furnish:

- Proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status

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.





DENTISTRY APPLICATION FOR LICENSURE BY CREDENTIALS

I am applying for (check one):

General Dentistry Application, Fee **\$850.00**

Specialty Practice Application, Fee **\$850.00**

Please indicate Specialty area: _____

Military Expedited License, Fee **\$850.00**

Attach a Passport
Quality Photo Here

*Please Write Name
on Back of Photo*

**ALL FEES ARE NON-REFUNDABLE **

ALL LICENSING INFORMATION IS PUBLIC INFORMATION

Applications are valid for one year from the date of receipt.

1. PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE					
MAILING ADDRESS					
CITY		STATE	ZIP CODE		
PERSONAL PHONE			BUSINESS PHONE		
EMAIL			<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS		
DATE OF BIRTH		PLACE OF BIRTH			
2. BUSINESS INFORMATION:					
PROPOSED BUSINESS NAME (if applicable)					
PROPOSED BUSINESS ADDRESS (if applicable)					
CITY		STATE	ZIP CODE		
PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS					
3. LICENSURE INFORMATION: List all states (or countries) in which you are or have been licensed, regardless of status (attach additional pages if necessary):					
STATE/ COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE



F.	Do you have any medical condition that in any way limits impairs or alters your ability to practice dentistry with reasonable skill and safety?	YES	NO
G.	Do you take medications or chemical substances that limits, impairs or alters, in any way, your ability to practice dentistry?	YES	NO
****If answered yes to questions (F) or (G) please answer questions (H) and (I) ****			
H.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?	YES	NO
I.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?	YES	NO
J.	Are you currently engaged in the illegal use of controlled and/or dangerous substances?	YES	NO
K.	Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	YES	NO
L.	Have you ever been licensed in New Mexico?	YES	NO
M.	Have you ever had any disciplinary action taken against any other professional license?	YES	NO

7. AFFIDAVIT:

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.





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 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:
- 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:
- 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. _____
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. _____
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. _____

