

NMRLD

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**Renewals Quick Reference Guide
Barbers & Cosmetologists Individual**

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OVERVIEW

For the New Mexico Regulation and Licensing Department, this Quick Reference Guide on Barbers & Cosmetologists Renewals will explain how to use the portal to renew a license.

ACCESSING A LICENSE FOR RENEWAL

Log in to the Licensing Portal. Scroll down to the **My Licenses** section on the home page.

My Licenses (3)

License Number	License Type	Issued Date	Expiration Date	Status	Print	Renew
BCB-2021-0444	Instructor	11/18/2021	12/1/2021	Active	Print	Renew
BCB-2021-0300	School	11/9/2021	11/12/2021	Expired	Print	Renew
CTB-2021-0168	Alcohol and Drug Abuse Counselor	9/6/2021	11/1/2021	Expired	Print	Renew

[View All](#)

Click **View All**.

My Licenses (3)

License Number	License Type	Issued Date	Expiration Date	Status	Print	Renew
BCB-2021-0444	Instructor	11/18/2021	12/1/2021	Active	Print	Renew
BCB-2021-0300	School	11/9/2021	11/12/2021	Expired	Print	Renew
CTB-2021-0168	Alcohol and Drug Abuse Counselor	9/6/2021	11/1/2021	Expired	Print	Renew

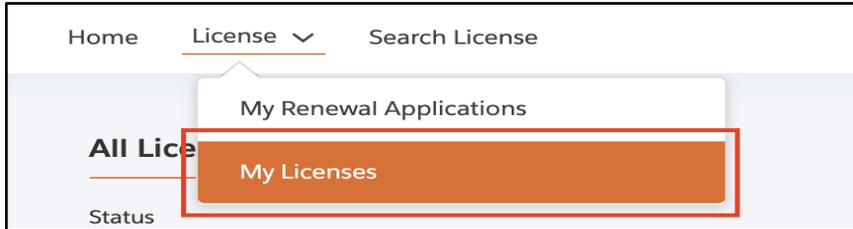
[View All](#)

Verify the license number that requires renewal.

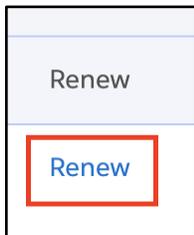
My Licenses (3)

License Number	License Type	Issued Date	Expiration Date	Status	Print	Renew
BCB-2021-0444	Instructor	11/18/2021	12/1/2021	Active	Print	Renew

NOTE: The same license can be accessed from the License drop-down > My Licenses.

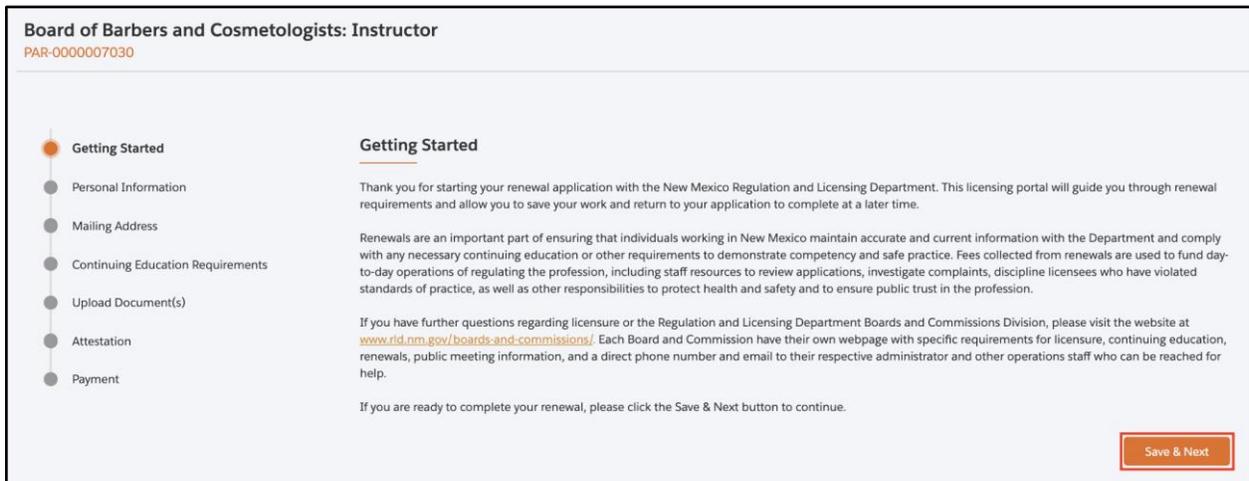


Click on the renew link under **Renew**.



RENEWAL STEPS

1. You are now going to initiate the Renewal Process. Read the **Getting Started** section carefully. Click **Save & Next**.



- The personal information will be pre-populated. Click **My Profile** to edit personal information.

Board of Barbers and Cosmetologists: Instructor
PAR-000007030

- ✔ Getting Started
- **Personal Information**
- Mailing Address
- Continuing Education Requirements
- Upload Document(s)
- Attestation
- Payment

Personal Information

Please carefully review and verify that all personal information below is current and correct. This information is an official record. Communication regarding licensing and renewals will be sent through email, and any official legal communication will be mailed to the address on file. **Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My profile' button below.**

My Profile

First Name	Middle Name	Last Name
<input type="text" value="Anushka"/>	<input type="text"/>	<input type="text" value="Bansal"/>
Date of Birth	Primary Phone Number	Cell Phone Number
<input type="text" value="09-26-2021"/>	<input type="text" value="(434) 324-2343"/>	<input type="text" value="(324) 354-3543"/>
Business Phone Number	<input type="text" value="(323) 434-5454"/>	

2.1 Click **Edit**.

My Profile

▼ **Personal Info**

Pronoun	First Name	Middle Name	Last Name	Suffix
<input type="text" value="She"/>	<input type="text" value="Anushka"/>	<input type="text"/>	<input type="text" value="Bansal"/>	<input type="text"/>

To update your email address, click Edit, enter the new email address, and click Save then check your inbox for a confirmation email and click the link to confirm this change.

Email Address	Date of Birth
<input type="text" value="anushka.bansal+21@mtxb2b.com"/>	<input type="text" value="09/26/2021"/>

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

▼ **Mailing Address**

Mailing Address Line 1	Mailing Address Line 2		
<input type="text" value="Street1"/>	<input type="text"/>		
Mailing City	Mailing State	Mailing Zip Code	Mailing Country
<input type="text" value="AJ"/>	<input type="text" value="NM"/>	<input type="text" value="38237"/>	<input type="text" value="US"/>
Primary Phone Number	Cell Phone Number		
<input type="text" value="(434) 324-2343"/>	<input type="text" value="(324) 354-3543"/>		
Business Phone Number	<input type="text" value="(323) 434-5454"/>		

Edit

2.2 Edit the non-greyed-out fields if required. Click **Save**.

My Profile

Personal Info

Pronoun: She | *First Name: Anushka | Middle Name: | *Last Name: Bansal | Suffix: |

To update your email address, click Edit, enter the new email address, and click Save then check your inbox for a confirmation email and click the link to confirm this change.

*Email Address: anushka.bansal+21@mtxb2b.com | *Date of Birth: 09/26/2021

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Mailing Address

*Mailing Address Line 1: Street1 | Mailing Address Line 2: |

*Mailing City: AJ | *Mailing State: New Mexico | *Mailing Zip Code: 38237 | *Mailing Country: United States

*Primary Phone Number: (434) 324-2343 | Cell Phone Number: (324) 354-3543

Business Phone Number: (323) 434-5454

3. Update the mailing address, if required. Click **Save & Next**.

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- Getting Started
- Personal Information
- Mailing Address**
- Continuing Education Requirements
- Upload Document(s)
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Mailing Address

Please carefully review and verify that all address information below is current and correct. Any official legal communication will be mailed to your address on file. Any changes made on this page to your address information will be updated and saved in your user profile.

*Mailing Address Line 1: Street1 | Mailing Address Line 2: |

*Mailing City: AJ | *Mailing County: Bernalillo

Mailing State: New Mexico | *Mailing Zip: 38237

*Mailing Country: United States

NOTE: The steps above are common for all license types under the **Barbers and Cosmetologists** board.

- For License type *Continuing Education Provider*, you will see step 'Course Types' instead of 'Continuing Education Requirements' which is specific to License type *Instructors*.
- For License type *Establishment*, you will see steps 'Employee Information', 'Service Types' and 'Supervisor Information' instead of 'Continuing Education Requirements'
- For License type *Practitioner*, you will not see step 'Continuing Education Requirements'
- For License type *School*, you will see steps 'Instructors', and 'Additional Requirement' instead of 'Continuing Education Requirements'
- License type *Student Permit* can't be renewed.

4. Please select **Yes/No** if you have completed the required continuing education.

- ✓ Getting Started
- ✓ Personal Information
- ✓ Mailing Address
-
 Continuing Education Requirements
- Upload Document(s)
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Continuing Education Requirements

Continuing education is a necessary part of protecting public health and safety by ensuring that members of the profession retain skills and information related to their practice.

Requirements for continuing education are provided by law, and must be completed as part of this renewal. Follow the instructions below and, using the "Add New" button, please input all completed continuing education information. If you have not completed your required continuing education hours, please do so before submitting your renewal.

*Please confirm whether you have successfully completed all required continuing education for this renewal period.

▼
 Yes

-- Clear --

Yes

No

Enter Completed Continuing Education Information: Add New

Course Name or Title	Date of Certificate/Approval	Continuing Education Hours	Continuing Education Type	Continuing Education Provider	Name of Course Provider	Delete
Course	11/01/2021	12	Barber	Adult Continuing Education Association program	Course	

Total Continuing Education - 12

You may, but are not required to, upload documentation of your continuing education (e.g. Certificate of Completion). You may complete your renewal without uploading documents.

If you choose to upload documentation, the documents will be reviewed as part of any audit. If you choose not to upload documentation now, you may be asked to provide these documents later in the event that you are selected for audit. Choosing to upload documentation now will not affect processing your renewal or the chance of being selected for audit. You may also use this to provide any additional information regarding your continuing education compliance.

Documents may be uploaded as individual files or as a single merged file on the next page.

Previous
Save & Next

NOTE: If you select **Yes**, you must submit proof of 12 hours of continuing education annually.

4.1 Enter continuing education information by clicking **Add New**.

Enter Completed Continuing Education Information: Add New

Course Name or Title	Date of Certificate/Approval	Continuing Education Hours	Continuing Education Type	Continuing Education Provider	Name of Course Provider	Delete
Total Continuing Education - 0						

4.2 Fill in the required details and click **Save**.

Continuing Education

Please provide all the required (*) inputs in order to proceed.

*Course Name or Title

*Date of Certificate/Approval

*Continuing Education Hours

*Continuing Education Type

*Continuing Education Provider

Name of Course Provider (please include name of provider if you selected "other" from list above)

Save

4.3 Click **Save & Next**.

Total Continuing Education - 12

You may, but are not required to, upload documentation of your continuing education (e.g. Certificate of Completion). You may complete your renewal without uploading documents.

If you choose to upload documentation, the documents will be reviewed as part of any audit. If you choose not to upload documentation now, you may be asked to provide these documents later in the event that you are selected for audit. Choosing to upload documentation now will not affect processing your renewal or the chance of being selected for audit. You may also use this to provide any additional information regarding your continuing education compliance.

Documents may be uploaded as individual files or as a single merged file on the next page.

Previous
Save & Next

5. Click **Upload** or **Select Existing** to upload a document for the fields marked with a red asterisk (*). All other fields are not mandatory.

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- ✔ Getting Started
- ✔ Personal Information
- ✔ Mailing Address
- ✔ Continuing Education Requirements
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Upload Document(s)

Below is a list of documents that you may be required to upload to the portal in order to complete your renewal. Documents listed with an asterisk (*) are mandatory and must be provided.

Please carefully review and confirm that the documents you upload are the correct file and that each is complete and legible. Documents that cannot be viewed may result in delay or rejection of your renewal.

Document Name	Description	Upload a New File	Select Existing File	Uploaded Files	Delete
* Certificate of Attendance	Proof of attendance or other document showing completion of each continuing education entered			Screenshot 2021-10-13 at 10.33.40 PM	
Passport Quality Photo	Attach a recent passport size, color, front-view of face (chest or higher) photograph. Please attach a JPG or PNG file type for this upload.				
Other Supporting Documents	Other documentation required for licensure only if requested by RLD staff				

Previous
Save & Next

NOTE: If you click **Upload Files**, the following screen will appear.

Upload

Please attach copy of valid CEU certifications.

Note that:

1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, txt.

Upload Files

Or drop files

Close

Click **Done**.

Upload Files

 certificate.jpeg
55 KB

1 of 1 file uploaded

Done

If you click **Select Existing**, the following screen will appear. Click **Use** to select the required file.

Choose

File Name	File Type	Action
External_License_CTB-2021-0013.pdf	PDF	Use
External_License_CTB-2021-0013.pdf	PDF	Use

Displaying page 1 of 1

Click **Yes**.

 Do you want to upload the document?

Yes

6. Click **Save & Next**.

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- Continuing Education Requirements
- Upload Document(s)**
- Attestation
- Payment

Upload Document(s)

Below is a list of documents that you may be required to upload to the portal in order to complete your renewal. Documents listed with an asterisk (*) are mandatory and must be provided.

Please carefully review and confirm that the documents you upload are the correct file and that each is complete and legible. Documents that cannot be viewed may result in delay or rejection of your renewal.

Document Name	Description	Upload a New File	Select Existing File	Uploaded Files	Delete
* Certificate of Attendance	Proof of attendance or other document showing completion of each continuing education entered			Screenshot 2021-10-13 at 10.33.40 PM	
Passport Quality Photo	Attach a recent passport size, color, front-view of face (chest or higher) photograph. Please attach a JPG or PNG file type for this upload.				
Other Supporting Documents	Other documentation required for licensure only if requested by RLD staff				

Previous
Save & Next

7. Check the box and enter your name in **Attestation Signature**. Click **Save & Next**.

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- Getting Started
- Personal Information
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- Upload Document(s)
- Attestation**
- Payment

Attestation

I hereby depose and state under penalty of perjury, I am the person described and identified in this application, the information given by me is true, correct, and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license. I agree that I meet all requirements for this license.

* Attestation Signature (Please type your full name to sign)

Apurv Agarwal

Attestation Date

11-23-2021

Previous
Save & Next

8. On the Payment step, select the appropriate **Mode of Payment** (Credit Card, E-check, Operating Transfer). Click **Pay and Submit**.

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- ✓ Getting Started
- ✓ Personal Information
- ✓ Mailing Address
- ✓ Continuing Education Requirements
- ✓ Upload Document(s)
- ✓ Attestation
- **Payment**

Payment

Select your method of payment and click "Pay and Submit" to input your payment information.

Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the Regulation and Licensing Department.

Payments made by E-Check will not result in any transaction fee.

* Mode of Payment

Required

The amount to be paid is \$50.

Please click the **Pay & Submit** button to proceed with the payment.

Previous
Pay and Submit

NOTE: If you select **Operating Transfer** as a mode of payment, please fill the required details marked with an asterisk (*) and click **Pay and Submit**

Payment

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

Operating Transfer

The amount to be paid is \$500.

Please click the **Pay & Submit** button to proceed with the payment.

* Name of New Mexico State Agency

* Operating Transfer Number

Previous
Pay and Submit

If you select **Credit Card or E-check**, a pop-up window for payment gateway, Cybersource, will be displayed.
 Payment is a separate system, credit card info not stored/saved by RLD.
 Cybersource is a State of New Mexico billing platform and this is not phishing or other malware.

PAYMENT GATEWAY

Enter the billing information and click **Next**.

cybersource
A Visa Solution

Billing Payment Review Receipt

Billing Information

* Required field

First Name
Counseling Portal

Last Name
User

Company Name

Address Line 1 *
123

City *
New York

Country/Region *
United States of America

State/Province *
New Mexico

Zip/Postal Code *
11111

Phone Number

Email *
pauline.varela@state.nm.us

Next

[Cancel Order](#)

Your Order

Total amount	\$220.00
--------------	----------

Enter payment details and click **Next**.

Billing **Payment** Review Receipt

Payment Details

* Required field

Card Type *

 Visa  Mastercard

Card Number *

.....1111

Expiration Month * Expiration Year *

01 2022

CVN *

This code is a three or four digit number printed on the back or front of credit cards.

... 

[Cancel Order](#)

Your Order

Total amount \$220.00

Review the order and click **Pay**.

The screenshot shows the 'Review your Order' page with the following sections:

- Navigation:** Billing, Payment, Review (active), Receipt
- Review your Order:** Main heading
- Billing Address:** Counseling Portal User, 123, New York, New Mexico, 11111, United States of America
- Payment Details:** Card Type: Visa; Card Number: xxxxxxxxxxxx1111; Expiration Date: 01-2022
- Your Order:** Subtotal: \$220.00; Service fee: \$5.50; Total amount: \$225.50
- Agreement:** By clicking Pay, I agree to the [Service Fee Terms & Conditions](#)
- Buttons:** Back, Pay (highlighted with a red box), [Cancel Order](#)

You will see a confirmation message once the payment is complete.

The screenshot shows the confirmation page with the following elements:

- Header:** NMRLD logo, user profile icon
- Navigation:** Home, License, Amendment, Complaint, Search License, Board Meeting, Course & Schedule, My Pending Actions
- Confirmation:** **Confirmation** section with a green message box: Thank you! Your application has been submitted successfully.
- Button:** Back to Home

NOTE: A payment receipt will be delivered to the email entered in the Payment Gateway.

From: <support@cybersource.com>
Date: Thu, Nov 11, 2021 at 7:33 AM
Subject: Order Confirmation
To: <george.li@>



Receipt

Date: 11-11-2021
Order Number: 0go35000004d1FAAQ1636576379853

Billing Information

Jennifer Cady
Jennifer Cady
6916 Sandalwood PINE
Albuquerque
NM
US
87111

george.li@

Payment

Details

Visa
xxxxxxxxxxx1111

Order Total

Subtotal	\$90.00
Service fee	\$2.25
Total amount	\$92.25

Please keep a copy of this receipt for your records

On the home page, renewal submissions will appear under **My Renewals** with the submitted status listed in the Status column.

My Renewals

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000007262	Continuing Education Provider	Renewal	11/23/2021	Draft	Continue
PAR-0000007230	Unrestricted Prescription	Renewal	11/23/2021	Submitted	View
PAR-0000007186	Psychologist	Renewal	11/22/2021	Draft	Continue
PAR-0000007168	Unrestricted Prescription	Renewal	11/22/2021	Draft	Continue
PAR-0000007030	Instructor	Renewal	11/17/2021	Approved	View

[View All](#)

Click **Print** to generate a digital certificate (PDF) under **My Licenses**.

My Licenses (11)

License Number	License Type	Issued Date	Expiration Date	Status	Print	Renew
BCB-2021-0484	Student Permit	11/1/2020	12/1/2021	Active	Print	
BCB-2021-0483	School	11/1/2020	12/1/2021	Active	Print	Renew
BCB-2021-0482	Practitioner	11/1/2020	12/1/2021	Active	Print	Renew
BCB-2021-0481	Establishment	11/1/2016	11/25/2021	Active	Print	Renew
ACC-2021-0321	Continuing Education Provider	11/1/2020	12/1/2021	Active	Print	Renew