

NMRLD

Applying for a New License (Public Accountancy Board) Quick Reference Guide



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OVERVIEW

This Quick Reference Guide for the New Mexico Regulation and Licensing Department explains how to use the RLD public portal to create a new license for the Public Accountancy Board.

AVAILABLE LICENSES

The following are the list of licenses available under the Public Accountancy Board.

- 1. Certified Public Accountant
- 2. Firm Permit

APPLYING FOR A NEW LICENSE

1) Log in to the RLD Licensing Public Portal. Navigate to the License tab. Click Apply for a License.

⅔	NMRLD							8
Home	License V Inspection	Amendment 🗸 Compla	int 🗸 Search License	Board Meeting Course & Schee	dule 🗸 My Applicant's Recor	ds		
	Apply for a License							
Lic	My New Applications My Renewal Application My Licenses	ns						
	Му Аррисацонs							
	Application ID	License Type	Application Type	Applied Date	Status	Action	Issuance	
	PAR-000007947	Licensed Master Social Worker (LMSW)	New	12/3/2021	Submitted	View		
	PAR-0000007945	Licensed Independent Social Worker (LISW)	New	12/3/2021	Submitted	View		
	PAR-0000007943	Licensed Clinical Social Worker (LCSW)	New	12/3/2021	Submitted	View		
	PAR-0000007942	Licensed Baccalaureate Social Worker (LBSW)	New	12/3/2021	Submitted	View		



2) flick Annly for a License under Boards and Commissions Division



3) Click Select against Public Accountancy Board.

Board of Psychologist Examiners The New Mexico Board of Psychologist Examiners licenses psychologists, associates, and prescribing psychologists and ensures appropriate examination and other requirements related to the practice of psychology.	Select
Board of Social Work Examiners The New Mexico Board of Social Work Examiners standardizes the practice of social work through the licensure of three different levels of practice, including baccalaureate, master, and independent Social Workers	Select
Counseling and Therapy Practice Board The New Mexico Counseling and Therapy Practice Board licenses and provides standards of practice requirements for mental and behavioral health providers, including Counselors and Therapists, as well as related continuing education providers.	Select
Public Accountancy Board The New Mexico Public Accountancy Board issues licenses to both Certified Public Accountants (CPA) and CPA firms to practice public accountancy in New Mexico.	Select
Real Estate Commission The New Mexico Real Estate Commission licenses Real Estate Associate and Qualifying Brokers and governs brokerage and related activities of real estate transactions.	Select



4) Select the license hy clicking **Select** against the desired License name

ome	License 🗸	Inspection	Amendment \checkmark	Complaint 🗸	Search License	Board Meeting	Course & Schedule 🗸	My Applicant's Rec	ords	
Selec	t License									
÷	Back									
C A A	Certified Pub Certified Publ	blic Account ic Accountant" m amination, Appli	ant neans a person certified ication by Grade Transfe	by this state or by an r, Application by Rec	other state to practic procity and Reinstate	e public accountance ement application.	y and use the designation.		Select	
F	irm Permit									
A	ny CPA who per ublic accountan	forms or offers to cy as a firm. Eacl	o perform accountancy f h location (branch office	or a client by holdin) of a firm within Ne	g out as a CPA must o w Mexico must obtai	obtain a firm permit n a firm permit.	to be granted authority to p	ractice	Select	

APPLICATION STEPS

1) You are about to initiate the application process. Read the *Getting Started* section carefully.

Click Save & Next.

7		0
Hon	ne License 🗸 Inspection Amend	Iment V Complaint V Search License Board Meeting Course & Schedule V My Applicant's Records
Pul	blic Accountancy Board: Certifi	ied Public Accountant
•	Getting Started	Getting Started
٠	Requirements for Licensure	Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.
٠	Personal Information	This application will confirm that each individual applying meets all requirements for licensure set by either state statute or regulations governing the
•	Mailing Address	profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.
٠	Additional Application Requirements	If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at
٠	Professional Work Experience	education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.
٠	Education Information	If you are ready to apply, please click the Save & Next button to begin your application.
•	Upload Document(s)	
L.	Attestation	Save & Next
•		

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2) In the *Requirements for Licensure* step, Select *How are you applying*? from the drop-down list. Fill in or select the fields that appear based on your selection. Select Yes/No for *Expedited Military Licensure*. Once all of the required fields have been filled in, click Save & Next.
 Note: If you choose Yes for *Expedited Military License*, the application fees will be waived.



Getting Started	Requirements for Licensu	re		
Requirements for Licensure	You have selected to apply for a Ne	w Mexico Certified Public Accountant lice	nse. The requirements will vary base	d on your CPA application path (examination,
Personal Information	reciprocity, grade transfer or reinsta specific to each application type cr	itement). Select documents will be uploa in be found on the Board website at: http	ded during the application process, o ://www.rld.nm.gov/boards-and-com	others will be sent directly to the board. Details missions/individual-boards-and-
Mailing Address	commissions/accountancy/accoun application type.	tancy-applications-and-forms/. The follow	ing is a list of possible application do	ocuments, requirements are based on your
Additional Application Requirements	Fingerprint background check			
Professional Work Experience	· Official Transcripts: Bachelor's der	(ree with a minimum 150 semester hours	including 30 hours in accounting	
Education Information	- Successful completion of all four	parts of the CPA exam	0	
	- Experience Verification Form			
Jpload Document(s)	- Interstate notification of verifying	CPA's License		
Attestation	Interstate verification of Examina	tion scores		
Payment	AICPA Ethics Exam			
	CPE (reinstatement or reciprocity	only)		
	- Degumentation of New Marriso B	oridon ou (Crado Transfor onlu)		
	- Documentation of New Mexico R	sidency (Grade mansfer only)		
	*How are you applying?			
	Application by Reciprocity		-	
	Licensure By Credentials/R	eciprocity		
	An individual who holds an active CP good standing in?	A license in good standing in another stat	e may be eligible for a New Mexico li	cense. What state do you hold an active license in
	*What state do you hold an active lic	ense in?		
	Alabama Arkansas	California	 American Samoa Colorado 	Connecticut
	Delaware	District of Columbia	Florida	Georgia
	Guam	Hawaii Towa	Idaho	Illinois Kentucky
	Louisiana	Maine	Maryland	Massachusetts
	Michigan	Minnesota	Mississippi	Missouri
	New Jersey	New Mexico	New York	North Carolina
	North Dakota	Northern Mariana Islands	Dhio	Oklahoma
	Oregon South Carolina	Pennsylvania South Dakata	Puerto Rico Toppossoo	Rhode Island
	Texas	Utah	Vermont	Virginia
	Washington Other Country	West Virginia	Wisconsin	Wyoming
	*Please include the license(s) name	type, status, and number.		
	LIC1245			
	Please continue and complete your a	pplication, and it will be reviewed to deter	rmine if you qualify and satisfy the re	quirements for license by credentials.
	Expedited Military Licensu	re		
	, , , , , , , , , , , , , , , , , , , ,			
	*Are you a military service member,	reteran, or a military spouse or child/dep	indent?	
	• Are you a military service member,	veteran, or a military spouse or child/dep	endent?	•
	*Are you a military service member, No A military service includes active dub military service. A military spouse me of death. A military office means a de In order to determine if you satisfy for member veteran. or military spouse	veteran, or a military spouse or child/dep active reserve or active national guard. A ans a spouse of an active military service respedietd military licensure under state r child: as well as information of your cur	indent? 	ceived an honorable discharge or separation from tember who was serving on active duy at the time dent for tedreal income tax purposes. locuments to show your status as a military service
	*Are you a military service member, No A military service includes active dup military service. A military spouse em of death. A military child means a de In order to determine if you satisfy for member, veteran, or military spouse. If you satisfy these requirements and within thirty (30) days of submitting reciprocity or as a new applicant.	veteran, or a military spouse or child/dep , active reserve or active national guard. J ans a spouse of an active military service respedited military licensure under state or thick as well as information of your cur submit the necessary supporting docum complete application. Incomplete applic	ndent? veteran means a person who has re- member or a surviving spouse of a m- member who is claimed as a depen- law, you will be required to submit d erent license in good standing: ints, the licensing fee will be waived ations will not be accepted, and reje	velocity of the second seco
	* Are you a military service member, No A military service includes active duty military service. A military spouse me of death - Military shift means a de In order to determine if you satisfy for member, veteran, or military spouse. If you satisfy these requirements and within thirty (20) days of submitting a reciprocity or as a new applicant. Professional Fitness	veteran, or a military spouse or child/dep , active reserve or active national guard. <i>J</i> ans a spouse of an active military service respected military licensure under state respected military licensure under state or child; as well as information of your cur submit the necessary supporting docum icomplete application. Incomplete applic	indent? wittenan mans a person who has in member or a surviving spouse of a m member who is claimed as a depen law, you will be required to submit d erent license in good standing, inst, the licensing fee will be walved ations will not be accepted, and reje	Celved an honorable discharge or separation from tember who was serving on active duty at the time dent for federal income tax purposes. Iocuments to show your status as a military service for three (3) years and the license will be issued cted applications may have to apply through
	* Are you a military service member, No A military service, includes active duty military service. A military spouse me of easth A military othing means a de In order to determine if you satisfy for member, veteran, or military spouse fly to astisfy these requirements and try thinfy (20) days of submitting , reciprocity or as a new applicant. Drofessional Fitness	veteran, or a military spouse or child/dep cactive reserve or active national guard. J and a spouse of an active military service respecified military icensure under state or child, as well as information of your cu submit the necessary supporting docume complete application. Incomplete applic to practice before the SEC, the PCADB, ourstancy, or a federal or state taxing, ins or a foreign authority or credentialing countancy.	Indent? veteran means a person who has remember or a surviving spouse of armember who is claimed as a depen law, you will be required to submit id rent license in good standing. Inst, the licensing fee will be walved attorns will not be accepted, and reje "Have you were participated in immarks" or licenses's fitness to end No	ceived an honorable discharge or separation from tember who was serving on active duty at the time dent for referal income tax purposes. Iocuments to show your status as a military service for three (3) years and the license will be issued cted applications may have to apply through any conduct reflecting adversely upon the appli- gage in practice?
	*Are you a military service member, No Military service. A military spouse ens of death. A military child means a de In order to determine if you satisfy fo member, veteran, or military spouse. If you satisfy these requirements and within thirty (30) days of submitting ciprocity or as a new applicant. Professional Fitness *Have you ever lost the authorization the IBS, or another state board of act ance or securities regulatory authorid to of the regulates the practice of and No	veteran, or a military spouse or child/dep (active merve or active national guard and a sposore or active national guard and a sposore or active national guard expediated of a active military service respective of a service nationary service respective of a service nationary service or child, as well as information of your cu submit the necessary supporting docum complete application. Incomplete applica- to practice before the SEC, the PCADB, to a foreign authority or credentialing countancy. or a foreign authority or credentialing countancy?	Indent? veteran means a person who has re member or a surviving spouse of ar member who is claimed as a depen take you will be required to submit d' rent license in good standing. Indu, the licensing fee will be waived attors will not be accepted, and reje "Have you ever participated in "Cartis or licensee's fitness to en No	eview an honorable discharge or separation from tember who was serving on active duty at the time dent for federal income tax purposes. Incomments to show your status as a military service for three (3) years and the licence will be issued cted applications may have to apply through any conduct reflecting adversely upon the appli- gage in practice?
	*Are you a military service member, No Mo Military service includes active dup military service. A military spouse me of earth. A military of the means a de in order to determine if you satisfy for member veteran, or military spouse. If you satisfy these requirements and within thirly (30) days of submitting reciprocity or as a new applicant. Drofessional Fitness *Have you ever lost the authorization the IBS, or another state board of acc No *Have you engaged in dishonesty, fit *Have you engaged in dishonesty, fit	veteran, or a military spouse or child/dep (, active reserve or active national guard. J ans a spouse of an active military service respected military icensure under state or child; as well as information of your cu submit the necessary supporting docum ic omplete application. Incomplete appli ountainor, or a federal or state taxing, imm countainor, or a referral or state taxing, imm countainor, or a referral as that taxing, imm countainor, or a referral as that taxing, imm countainor, or a referral or state taxing, imm countainor, or a referral as that taxing, imm countainor, or a referral as that taxing, imm countainor, or a referral as that taxing, imm countainor, or a referral as the taxing in the state taxing is a state taxing is a state taxing is a state taxing is a state taxing in the state taxing is a state ta	ndent? wteran mans a person who has is member or a surviving spouse of a member who is Chaimed as a depen- law, you will be required to submit d erent license in good standing. ents, the licensing fee will be walved ations will not be accepted, and reje * Have you ever participated in card's or license's fitness to er No * Have you engaged in dishone ing your own federal, state, loc	ceived an honorable discharge or separation from lember who was serving on active dury at the time dent for referral income tax purposes. Counnents to show your statu as a military service for three (3) years and the license will be issued cted applications may have to apply through any conduct reflecting adversely upon the appli- gage in practice? sty, fraudulent or grossly negligent acts while fi- al, or other income tax returns?
	*Are you a military service member, No Initiary service includes active dup military service. A military spouse me of death. A military of member were and of the observed of the member were and within thirty (30) days of submitting reciprocity or as a new applicant. Professional Fitness *Have you ever lost the authorization the IRS, or another state board of act ance or securities regulates the practice of act No *Have you engaged in dishonesty, for articlesing public accountancy?	veteran, or a military spouse or child/dep (, active reserve or active national guard. / ans a spouse of an active military service respected military icensure under state or child, as well as information of your cu submit the necessary supporting docume ic omplete application. Incomplete applii to practice before the SEC, the PCAOB, ountaing, or a federal or state taxing, insu- countering, or a federal or state taxing, insu- countaing, or a torong outbory or credentialing countaing?	Indent? Indent? Interchant a person who has re- member or as surviving spouse of an member who is claimed as a depen law, you will be required to submit d enter therease in order danding. Int, the licensing fee will be waived attains will not be accepted, and reje	ceived an horoorable discharge or separation from dent or four air income the purposes. Cocuments to showy our status as an initiary service for three (3) years and the license will be issued cted applications may have to apply through any conduct reflecting adversely upon the appli- gage in practice?
	*Are you a military service member, No Military service. Includes active duty military service. A military spouse m of death. A military duty means a de In order to determine if you satisfy for member, veteran, or military spouse If you satisfy these requirements and within thirty (30) days of submitting, reciprocity or as a new applicant. Professional Fitness *Have you ever lost the authoritation the IBS, or another state board of acc No *Have you englaged in dishonesty, fit No *Have you englaged in dishonesty, fit No	veteran, or a military spouse or child/dep a active misorie or active military sumi J as a spouse of an active military service pendent child of an active military service repedited military lensare repedited military lensare active state and the second state or child; as well as information of your cu submit the necessary supporting docum complete application. Incomplete appli- outancy, or a federal or state taking, inst outancy, or a federal or state taking, inst outancy, or a federal or state taking contancy. udulent or grossly negligent acts while fl ate, local, or other income tax returns?	ndent? veteran means a person who has re member va surviving spouse of ar member who is claimed as a depen law, you wilk persured to submit he wrent license in good standing: inst, the licensing fee will be walked atoms will not be accepted, and reject " "Have you ever participated in card's or licenses's fitness to er " "Have you engaged in diabone ing your own federal, state, boo " No	ceived an honorable discharge or separation from tember who was serving on active duty at the time dent for federal income tax purposes. comments to show your status as an initiary service for three (3) years and the license will be issued cted applications may have to apply through any conduct reflecting adversely upon the appli- gage in practice?
	* Are you a military service member, No Member 2000 A military service includes active duty military service. A military spouse me of earth A. military childrany spouse member, veteran, or military spouse. If you satisfy these requirements and thirthy (20) days of submitting, reciprocity or as a new applicant. Professional Fitness * Have you energiaged in dishonesty, for practicing public accountancy? No * Have you engaged in dishonesty, for * Have you engaged in dishonesty for * Have you engaged in dish	veteran, or a military spouse or child/dep cactive reserve or active national guard. J ans a spouse of an active military service respecified military icensure under state or child, as well as information of your cu submit the necessary supporting docum complete application. Incomplete applic to practice before the SEC, the PCAB, before the SEC, the PCAB, g or a foreign authority or credentialing countancy. Or a federal or state taxing, ims g or a foreign authority or credentialing countancy?	Indent?	ceived an honorable discharge or separation from tember who was serving on active duty at the time domt for teleral income tax purpoise. Incomments to show your status as a military service for three (3) years and the licence will be issued cted applications may have to apply through any conduct reflecting adversely upon the appli- gage in practice?



3) The Personal Information section will be pre-populated. To edit personal information click My Profile

Requirements for Licensure Personal Information Mailing Address	Please carefully verify your contact informa Communication regarding licensing and ree the mailing address on file. It is required th	tion is current and correct, using your legal name. newals are sent through email, and any official legal com at every applicant and licensee maintain a current mailin	munication regarding complaints and discipline will be sent to g address with the board where mail is checked regularly.
Additional Application Requirements	Name changes or other updates to your p profile' button below, supporting docume	ersonal information cannot be processed on this page ents may be requested.	. Any such changes must be made by clicking on the 'My
Professional Work Experience	Multerfile		
Education Information	My Plome		
Upload Document(s)	Owner/Primary Contact First Name	Owner/Primary Contact Middle Name	Owner/Primary Contact Last Name
Attestation	eimet		Montoya
Daymont	Date of Birth	Primary Phone Number	Contact Number - Home
Payment	1989-12-28		(505) 000-0000
	Contact Number - Work		
	Personal Email		
	bwbt024@gmail.com		
	Have you ever used another name under whi	ch records relating to your application, education, trainin	ng or experience may be filed?

- a) To make changes to your personal information, click **Edit**. Update the Email Address and click **Save**. **Note:**
 - You can update only the email address in your profile
 - You will receive an email requesting confirmation about changing the email address. Once you confirm, the RLD application will update your email address



Personal Internation Pronoun First Name Jamie To Jamie 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 bwbt024@gmail.com Bwbt024@gmail.com Address Line 1 Mailing Address Line 1 Mailing Address Line 1 Mailing Clity Mailing State Mailing County Mailing State Mailing County Primary Phone Number US (505) 000-0000 Cell Phone Number	My Profile	formation			
They Jamie Montoya Montoya To update your email address, click Edit, enter the new email address, and click Save ther k your inbox for a confirmation email and click the link to confirm this change. Date of Birth to confirm this change. Date of Birth bwbt024@gmail.com 12/28/1989 Have you ever used another name under which records relating to your application, educers Line 2 To updatess Line 2 Kailing Address Mailing Address Line 1 Mailing Address Line 1 Mailing State Mailing Country Mailing State Mailing Country Mailing State Mailing Country Primary Phone Number US (505) 000-0000 Edit Phone Number Business Phumber		First Name	Middle Name	Last Marrie	Cuffer
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 confirm this change. Email Address bwbt024@gmail.com 2/28/1989 12/28/1989 12/28/1989 12/28/1989 Have you ever used another name under which records relating to your application, education, training or experience may be filed? Wailing Address Mailing Address Line 1 Mailing Address Line 2 2550 Cerrillos rd Mailing County Mailing State Mailing County Mailing Zip Code Santa Fe MM Santa Fe Mailing Phone Number US (505) 000-0000 Cell Phone Number US (505) 000-0000 Mailing County Mailing State Mailing State Mailing County Mailing Phone Number	They	Jamie	Middle Name	Montoya	Sunix
Email Address Date of Birth bwbt024@gmail.com 12/28/1989 Have you ever used another name umbich records relating to your application, education, training or experience may be filed? Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Courrillos rd Mailing State Mailing Country Mailing State Mailing Country Primary Phone Number US (505) 000-0000 Business Phone Number	To update your of to confirm this c	email address, click Edit, enter the hange.	new email address, and click Save th	nen check your inbox for a confirmation e	email and click the link
bwbb024@gmail.com 12/28/1989 Have you ever used another name under which records relating to your application, education, training or experience may be filed? Amailing Address Mailing Address Mailing Address Mailing Address Mailing Courty Mailing County Mailin				Date of Birth	
 ✓ Mailing Address Mailing Address Line 1 Mailing Address Line 2 2550 Cerrillos rd Mailing City Mailing State Mailing County Mailing Zip Code Santa Fe NM Santa Fe NM Santa Fe NM Santa Fe S	Email Address bwbt024@gma	il.com		12/28/1989	苗
2550 Cerrillos rd Mailing City Mailing State Mailing County Mailing Zip Code Santa Fe Mailing County Primary Phone Number US (505) 000-0000 EUS EUSINESS Phone Number	Email Address bwbt024@gma Have you ever use	il.com d another name under which rec	ords relating to your application, edu	12/28/1989 cation, training or experience may be file	₫?
Mailing City Mailing State Mailing County Mailing Zip Code Santa Fe NM Santa Fe 87506 Mailing Country Primary Phone Number 87506 US (505) 000-0000 Business Phone Number	Email Address bwbt024@gma Have you ever use Mailing Address I	il.com d another name under which rec dress	ords relating to your application, edu	12/28/1989 cation, training or experience may be file	₩ d?
Santa Fe NM Santa Fe 87506 Mailing Country Primary Phone Number 87506 US (505) 000-0000 Image: Second Se	Email Address bwbt024@gma Have you ever use ~ Mailing Add Mailing Address Li 2550 Cerrillos rd	il.com Id another name under which rec dress ne 1	ords relating to your application, edu Mailing Ac	12/28/1989 cation, training or experience may be file ddress Line 2	d?
Mailing Country Primary Phone Number US (505) 000-0000 Cell Phone Number Business Phone Number	Email Address bwbt024@gma Have you ever use Mailing Address Li 2550 Cerrillos re Mailing City	il.com ed another name under which rec dress ine 1 d Mailing State	ords relating to your application, edu Mailing Ac Mailing Ac	12/28/1989 cation, training or experience may be file ddress Line 2 bunty Mailing Zip	d? Code
US (505) 000-0000 Cell Phone Number Business Phone Number	Email Address bwbt024@gma Have you ever use Mailing Address Li 2550 Cerrillos ro Mailing City Santa Fe	il.com Id another name under which rec dress ine 1 d Mailing State NM	ords relating to your application, edu Mailing Ac a Mailing Co Santa Fe	12/28/1989 cation, training or experience may be file defress Line 2 bunty Mailing Zip e 87506	d? Code
Cell Phone Number Business Phone Number	Email Address bwbt024@gma Have you ever use Mailing Address Li 2550 Cerrillos ro Mailing City Santa Fe Mailing Country	il.com ed another name under which rec fress ine 1 d Mailing State NM Primary Pho	ords relating to your application, edu Mailing Ac Mailing Ac Mailing Cc Santa Fe ne Number	12/28/1989 cation, training or experience may be file ddress Line 2 bunty Mailing Zip e 87506	td? Code
	Email Address bwbt024@gma Have you ever use Mailing Address Li 2550 Cerrillos ro Mailing City Santa Fe Mailing Country US	il.com id another name under which rec dress ine 1 d Mailing State NM Primary Pho (505) 000	ords relating to your application, edu Mailing Ac e Mailing Co Santa Fe ne Number	12/28/1989 cation, training or experience may be file ddress Line 2 bunty Mailing Zip e 87506	td? Code



b) Click **Home** and identify your application in the **My Applications** section and click **Continue** under

Action column						
ne License 🗸 Inspectio	n Amendment 🗸 Compla	aint 🗸 Search License	Board Meeting Course & S	chedule 🗸 My Applicant	's Records	
icenses & Applicati	ons					
reenses a Applicati	0113					
My Applications						
Application ID	License Type	Application Type	Applied Date	Status	Action Is	suance
PAR-0000010849	Certified Public Accountant	New	12/26/2021	Draft	Continue	
PAR-000008748	Continuing Education Units Provider	New	12/9/2021	Draft	Continue	
PAR-000008605	Alcohol and Drug Abuse Counselor	New	12/8/2021	Draft	Continue	
PAR-000008509	Associate Marriage and Family Therapist	New	12/8/2021	Draft	Continue	
PAR-0000008474	Marriage and Family Therapist	New	12/8/2021	Approved	View	
						View All

c) The application will open from the Getting Started step. Navigate to the Personal Information step and click **Save & Next**.

Requirements for Licensure	Please carefully input and verify	that all contact information is current and correct.	
Personal Information	Communication regarding licen	sing and renewals may be sent through email, and any	official legal communication regarding complaints and discipline
Mailing Address	will be sent to the mailing addr checked regularly.	ess on file. It is required that every applicant and license	e maintain a current mailing address with the board where mail is
Education Information	Name changes or other updat the 'My profile' button below.	es to your personal information cannot be processed	on this page. Any such changes must be made by clicking on
Additional Application Requirements			
Supervisor Information	My Profile		
Upload Document(s)	First Name	Middle Name	Last Name
Attestation	Jamie		Montoya
Payment	Date of Birth	Primary Phone Number	Cell Phone Number
	12/28/1989	(505) 000-0000	
	Business Phone Number		
	Email		
	bwbt024@gmail.com		
	Have you ever used another nam	e under which records relating to your application, educ	ation, training or experience may be filed?

4) The Mailing Address section is pre-populated. You may update the information if required. Click **Save & Next.**

Getting Started	Mailing Address	
Dequirements for Licensure		
	Please confirm that your contact information is accurate and up to date. Licens legal mail.	ees are required to maintain a current mailing address for receiving official and
Personal Information	and the second se	
Mailing Address	* Mailing Address Line 1	Mailing Address Line 2
Additional Application Requirements	2550 Cerrillos rd	
Professional Work Experience	* Mailing City	* Mailing County
Education Information	Santa Fe	Santa Fe
Upload Document(s)	Mailing State	*Mailing Zip
Attestation	New Mexico 👻	87506
Payment	* Mailing Country	
	United States	



5) In the *Additional Application Requirements* step, select **Yes/No** as applicable, fill in the necessary

<u>intormatic</u>	<u>nn and click Save an</u>	nd Nevt		
0	Getting Started	Additional Application Requirements		
0	Requirements for Licensure	List all states you have been or hold a current license, and if you are current with copy of each license.	the CPE reporting requirements of each state. Note: You are required to upload a	
0	Personal Information			
0	Mailing Address	State of Issuance	Certificate Number	
•	Additional Application Requirements	Colorado		
•	Professional Work Experience	Date of Issuance	Expiration Date	
•	Education Information	ä	=	
•	Upload Document(s)	* Have you ever been subject to disciplinary action by a regulatory Board?		
	Attestation	• Yes No		
	Payment	How long have you been licensed?		
		* Have you contacted the State that holds your current license to request verifica	tion be sent to the NM Board?	
		• Yes 🔿 No		
		* Do you have at least one year (part time or full time experience totally two thou providing service or advice involving the use of accounting, attest, management a	sand (2,000) hours earned over a period of no more than three years) of experience dvisory, financial advisory, tax, or consulting skills?	
		🔍 Yes 🚫 No		
		Experience less than one year?		
			v	
		* Will you complete and submit the required fingerprint and background check v	vithin thirty (30) days from the date this application is submitted? (additional instruc-	
		tions on background requirements are available on the Board website)		
		🖲 Yes 🔵 No		
			Previous Save & Next	

6) In the *Professional Work Experience* step, Add Work Experience details and select the appropriate Employer Category and Areas of Experience checkboxes. Click Save & Next.



 Getting Started 	Professional Work Experience
 Requirements for Licensure 	Professional Accounting Experience
 Personal Information 	Please list your relevant accounting experience.
 Mailing Address 	An applicant for initial issuance, grade transfer or reciprocity if licensed less than two years of a Certified Public Accountant certificate shall show at least one
 Additional Application Requirement 	of experience. This experience shall include:
Professional Work Experience	Providing service or advice involving the use of accounting
Education Information	· Autos
 Upload Document(s) 	- Financial advisory
Attestation	Tax or consulting skills: as verified by a Certified Public Accountant who meets requirements prescribed by the Board
Payment	The experience is acceptable if it was gained through employment in government, industry, academia, or public practice. [1999 Public Accountancy Act, Sec 8(H)]
	Applicants shall have their experience verified by an active, licensed CPA as defined in the Act. The verifying CPA can be licensed in New Mexico or from and state. One year of experience shall consist of:
	- Full or part-time employment that extends over a period of no less than one year and no more than three years.
	Includes no fewer than 2000 hours of performance of services described above [Board Rule: 16.60.3.9 NMAC]
	The licensed CPA will be required to submit a verification to the board by USPS or email. This verification must come directly from the CPA verifying the experience. Additional documentation may be required.
	Add Work Exper
	Employer Name Employer Address Employment Start Date Employment End Date Position Held Work Delete Experience
	No Work Experience added !
	Employer Category: Client practice of public accountancy Government Commercial enterprise/industry Law firm Education Other
	Areas of Experience:
	Management advisory Attest Financial advisory Consultation on tax matters Consulting Preparation of financial statements and reports Preparation of financial statements of computer software involving accounting and auditing



a) To add work experience information, click Add Work Experience.

 Getting Started 	Professional Work Experience
 Requirements for Licensure 	Professional Accounting Experience
Personal Information	Please list your relevant accounting experience.
Mailing Address	An applicant for initial issuance, grade transfer or reciprocity if licensed less than two years of a Certified Public Accountant certificate shall show at least one year
Additional Application Requirements	of experience. This experience shall include:
Professional Work Experience	Providing service or advice involving the use of accounting
Education Information	· Attest
Upload Document(s)	Financial advisory
Attestation	- Tax or consulting skills; as verified by a Certified Public Accountant who meets requirements prescribed by the Board.
Payment	The experience is acceptable if it was gained through employment in government, industry, academia, or public practice. [1999 Public Accountancy Act, Section 8(H)]
	Applicants shall have their experience verified by an active, licensed CPA as defined in the Act. The verifying CPA can be licensed in New Mexico or from another state. One year of experience shall consist of:
	· Full or part-time employment that extends over a period of no less than one year and no more than three years.
	- Includes no fewer than 2000 hours of performance of services described above [Board Rule: 16.60.3.9 NMAC]
	The licensed CPA will be required to submit a verification to the board by USPS or email. This verification must come directly from the CPA verifying the experience. Additional documentation may be required.
	Add Work Experience
	Employer Name Employer Address Employment Start Date Employment End Date Position Held Work Delete Excertisence

b) Fill in the required fields and click **Save**.

	Getting Started	Professional Work Experience		
	Requirements for Licensure	Professional Accounting Experience		
	Personal Information	Please list your relevant accounting experience.		
	Mailing Address	An applicant for initial issuance, grade transfer or re-	procity if licensed less than two years of a Certified Public Accountant certificate shall show at least one year	
	Additional Application Requirements	of experience. This experience shall include:		×
Perso	on Experience			
• Emple	oyer Name		*Employer Address	
Test			456 St	
• Emple	oyment Start Date		* Employment End Date	
12-0	1-2020	ä	08-28-2021	ä
• Positi	ion Held			
test				
• Work	Experience			
test				
			Save	
		Cripoyor Nario Cripoyor Pourosa	спроупаль областва — спроупальски ова — голосттана — мах — сова Experience	
		No Work Experience added !		



c) The confirmation screen will annear. Close the window by clicking on the **"X"**

Close the window to return			

7) The Education Information field will be pre-populated with your information. Verify the information is correct and click **Save & Next** to continue.

Getting Started	Education Inform	mation					
Requirements for Licensure	The advertise require	amont for licensure is t	he percention of a backet	laria dagraa fram a raa	ionally accordited or	llege er universituer	d a minimum of an
Personal Information	hundred fifty (150) se business law.	emester credit hours; a	t least thirty (30) hours m	ust be in accounting.	Three (3) of the thirty	(30) accounting ho	urs may be in
Mailing Address	The official transcripts	s and exam scores for a	all individuals who sit for t	the Uniform CPA exam	ination as qualified	New Mexico candida	tes will be forwarde
Additional Application Requirements	to the New Mexico Pu	Iblic Accountancy Boai	rd by the CPA Examination	n Services.			
Professional Work Experience	Board staff will notify Please ensure all edu	applicants if additiona	l official transcripts are ne	ecessary. Grade transfe	r applicants please s	end original transcri	ots to the Board.
Education Information							
Upload Document(s)	*Click here to add or t	to make changes to yo	ur education information.	Once done refresh th	e page to reflect you	r changes.	
Attestation							
Davement	Name of institution/colle	Major field of Study	Degree	Degree/Date Conferred	Location		
Payment	ge/university						

Note: To add educational details, click on the 'here' link to get to the Professional Education tab.



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a) On the Professional Education tab. Click Add New

b) Fill in the required fields and then click **Save**.

Professional Education		
*Name of Institution (High School, GED, College, University,	Technical or Vocational School)	
RGI		
* Location (City, State, Country)		
Russia		
* Major field of Study	*Degree	
Science	Bachelor's Science	*
* Date Completed		
12/03/2021		首
		Save



c) The confirmation screen will appear. Close the window by clicking on the **"X"**.



Note: Once the education information has been saved, close the window. Reload the previous page so that new information appears on the screen.

Important Note: In the *Requirement for Licensure* step (i.e Step 2) If you select **Application by ReInstatement** from the *How are you applying?* picklist, you must provide continuing education details to proceed further.

Continuing Education Step (i.e Step 8) is not applicable for **Application by Examination**, **Application by Grade Transfer**, and **Application by Reciprocity**.



8) In the Continuing Education step, fill in the necessary information and provide Continuing Education

	0000010849	
	Getting Started	Continuing Education
	Requirements for Licensure	
	Personal Information	Reinstatement applicants whose license has lapsed shall provide documented evidence of 40 CPE hours for each year the license was expired, not to exceed 200 hours. If the license was expired for longer than 36 months, at least 120 of the hours must have been earned within the preceding 36 months, and at least four (4) of these hours must be in ethics.
	Mailing Address	A reporting year begins with the first day of the month after your birth month and ends with the last day of your birth month. The Continuing Education Report must include coursework in the preceding 36-month reporting cycle
	Additional Application Requirements	······································
,	Professional Work Experience	"Technical" fields of study are technical subjects that contribute to the maintenance and/or improvement of the competence of a CPA in the profession of accountancy and that directly relate to the CPA's field of business.
•	Education Information	These fields of study include, but are not limited to: • Government accounting • Auditing • Government auditing
•	Continuing Education	Business law Economics Finance Information technology Management services Regulatory ethics Specialized knowledge Statistics
	Upload Document(s)	
	Attestation	"Non-technical" fields of study are subjects that contribute to the maintenance and/or improvement of the competence of a CPA in areas that indirectly relate to the CPA's field of business and subject to board determination. These fields of study include, but are not limited to:
	Payment	Behavioral ethics Business management & Communications and marketing Computer software and applications
		Personal development Personnel/human resources; Production
		(Courses should have Ethics in the title or a course outline and documentation must be submitted to substantiate it covered the requisite ethics material.) Non-firm or employer sponsored coursework must be at least 24 Continuing Education hours. Online coursework is acceptable if it meets NASBA standards.
		* Confirm whether you have completed the required Continuing Education.
		Yes
		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 aske 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.
		Please add all classes for the current reporting cycle using the "Add New" button. The option to submit the certificates is provided on the next screen. If you have not completed your CPE, please complete before submitting your renewal application.
		Enter Total Continuing Education Hours Completed
		Course Name or Inte Certificate/Approval Date Hours Type Sub Type Approved by Delete
		Total Continuing Education - 0

a) To add Continuing Education details, click Add New.





b) Fill in the required information and click **Save**.

		organization	communications and marketing compare sommare and additionations	
	Personal development	 Personnel/human resources; 	Production	
Continuing Education				
Please provide all the required (*) inputs in order to proceed.				
"Course Name or Title				
Test				
*Date of Certificate/Approval				
12/07/2021				ii
*Continuing Education Hours				
1344				
*Continuing Education Type				
Ethics				
"Continuing Education Provider				
NBCC, NAADAC, AMFTRB, ATCB, APA, or Other NPA led or Approved Course				Ψ
				Save
	Total Continuing Educatio	n - 0		
	You have not completed the minim	um number of Continuing Education hou	is in order to proceed - please correct your application.	
	120 Total Continuing Education per	reporting 36 months		

9) Upload all the necessary documents and click **Save & Next**.

Oction Upload Document(s) Personal Information Below is a list of documents that you may need based on your application path. The items with a red asteriak are required. Mailing Address Additional Application Requirements Additional Application Requirements Official Transcriptics Bachelor's degree with a minimum Dissemester hours including 20 hours in accounting- Board will request if necessary Education Information Document(s) Upload Document(s) ALCPA Ethics Bam (examination, grade transfer, optional reciprocity) OPT designal Work Experience Document to be uploaded Attestation Autestation Porgenent(s) Document to Certified Attestation Document (AICPA) Decument So Licensure Upload Cocument(s) Other Supporting Documents The AICPA's Comprehensive Course, why mercice Transfer, optional reciprocity) Document so be uploaded New File New File Select Existing File Upload effiles Document (s) Documents (AICPA) B hours If eAICPA's Comprehensive Course, why File Document and uplot and uplot and the Supporting Documents The AICPA's Comprehensive Course, why File If earlies Document is an option file Other Supporting Documents Other do								
Requirements for Licensure Below is a list of documents that you may need based on your application path. The items with a red asterisk are required. Personal Information Items sent directly to the Board. Valit the board website for additional information.	9	Getting Started	Upload Document(s)					
Personal Information Hens sent directly to the Board. Visit the board website for additional information. https://www.rid.m.gov/boards-and-commissions/individual-boards-and-commissions/accountancy-applications-and-forms/ Mailing Address - Fingerprint background check Additional Application Requirements - Experience Verification of verifying CPA will send to the Board Professional Work Experience - Interstate notification of verifying CPA will send to the Board Education Information - Upload Document(s) Upload Document(s) - ALCPA Ethics Exam (examination, grade transfer, optional reciprocity) • CPE (reinstate notification, grade transfer, optional reciprocity) - CPE (reinstatement) • Document Name Description Upload a Professional Ethics - The ALCPA's Comprehensive Course, B hours - Interstate outrication (ALCPA) Professional Ethics - Other documentation required for Illications (ALCPA) B hours	0	Requirements for Licensure	Below is a list of documents that y	ou may need based on your application p	ath. The item	s with a red asterisk are	required.	
 Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Additional Application Requirements Official Transcripts: Bachelor's degree with a minimum 150 semester hours including 30 hours in accounting- Board will request if necessary Experience Verification form- verifying CPA will send to the Board Interstate notification of verifying CPA sile is will send to the Board Interstate notification of verifying CPA sile is will send to the Board Interstate notification of verifying CPA sile is will send to the Board Interstate notification of verifying CPA sile is will send to the Board Interstate notification of verifying CPA sile is compared will request if necessary Education Information Upload Document(s) Attestate notification of verifying CPA sile is severifying state will send to the Board Attestate notification of Verifying CPA sile is severifying state will send to the Board Interstate notification of verifying CPA sile is severifying state will send to the Board Interstate notification of verifying CPA sile is severifying state will send to the Board Attestation Peyment Document so De uploaded Attestation of New Mexico Residency (Grade Transfer) Document Name Description Upload a Select Existing File Uploaded Files Delete American Institute of Certified Professional Ethics Other documentation required for licensure only if requested by RLD Staff for adding records 	0	Personal Information	Items sent directly to the Board. V	sit the board website for additional infor	mation.			
 Additional Application Requirements Official Transcripts: Bachelor's degree with a minimum 150 semester hours including 30 hours in accounting. Board will request if necessary Professional Work Experience Education Information Upload Document(s) Attestation Payment Document Name Description Upload a Select Existing File Uploaded Files Delete American Institute of Certified The AICPA's Comprehensive Course, a hours Other Supporting Documents Other Supporting Documents Other Supporting Documents Other adding records 	0	Mailing Address	https://www.rld.nm.gov/boards-and Fingerprint background check	I-commissions/individual-boards-and-com	missions/acco	untancy/accountancy-ap	plications-and-forms/	
 Professional Work Experience Interstate notification of examination scores- verifying state will send to the Board Interstate verification of examination scores- verifying state will send to the Board Interstate verification of examination scores- verifying state will send to the Board Interstate verification of examination scores- verifying state will send to the Board Interstate verification of examination scores- verifying state will send to the Board Interstate verification of examination scores- verifying state will send to the Board Interstate verification of examination scores- verifying state will send to the Board AICPA Ethics Exam (examination, grade transfer, optional reciprocity) CPE (reinstatement) Document of New Mexico Residency (Grade Transfer) Document Name Description Upload a New File Uploaded Files Delete American Institute of Certified Public Accountants (AICPA) Professional Ethics Other Supporting Documents Other dupporting Documents Other dupporting necords 	0	Additional Application Requirements	Official Transcripts: Bachelor's d Experience Verification Form- ve	egree with a minimum 150 semester hours rifying CPA will send to the Board	s including 30	hours in accounting- Boa	rd will request if necessary	
 Education Information Upload Document(s) Attestation Payment Document Name Description Upload a New File Select Existing File Uploaded Files Delete American Institute of Certified Public Accountants (AICPA) Professional Ethics Other Supporting Documents Other Supporting Documents Other Guernents Cotar Gading Torong Cotage The AICPA's Comprehensive Course, att for adding records The AICPA's Comprehensive Course, att for adding records 	•	Professional Work Experience	 Interstate notification of verifyir Interstate verification of examin 	g CPA's license- verifying state will send to t ation scores- verifying state will send to the	the Board Board			
 AICPA Ethics Exam (examination, grade transfer, optional reciprocity) CPE (reinstatement) Documentation of New Mexico Residency (Grade Transfer) Payment Document Name Description Upload a New File Select Existing File Uploaded Files Delete American Institute of Certified Public Accountants (AICPA) Professional Ethics The AICPA's Comprehensive Course, 8 hours Image: Comparison of the countent of the c								
Attestation Payment Document Name Description Upload a New File Select Existing File Uploaded Files Delete American Institute of Certified Public Accountants (AICPA) Professional Ethics Other Supporting Documents Other documentation required for ilicensure only if requested by RLD staff for adding records	0	Education Information	Documents to be uploaded					
Payment Document Name Description Upload a New File Select Existing File Uploaded Files Delete American Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 8 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 8 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 8 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 9 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 9 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 9 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 9 hours Image: Certified Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 9 hours Image: Certified Institute of Certified Ins		Education Information Upload Document(s)	Documents to be uploaded • AICPA Ethics Exam (examination • CPE (reinstatement)	n, grade transfer, optional reciprocity)				
Payment Document Name Description Upload a New File Select Existing File Uploaded Files Delete American Institute of Certified Public Accountants (AICPA) The AICPA's Comprehensive Course, 8 hours Image: Comprehensive Course, 9 hour	•	Education Information Upload Document(s) Attestation	Documents to be uploaded • AICPA Ethics Exam (examinatio • CPE (reinstatement) • Documentation of New Mexico	n, grade transfer, optional reciprocity) Residency (Grade Transfer)				
American Institute of Certified Public Accountants (AICPA) Professional Ethics The AICPA's Comprehensive Course, 8 hours 1 Other Supporting Documents Other documentation required for licensure only if requested by RLD staff for adding records 1		Education Information Upload Document(s) Attestation	Documents to be uploaded • AICPA Ethics Exam (examinatio • CPE (reinstatement) • Documentation of New Mexico	n, grade transfer, optional reciprocity) Residency (Grade Transfer)				
Other Supporting Documents Other documentation required for ilicensure only if requested by RLD staff for adding records		Education Information Upload Document(s) Attestation Payment	Documents to be uploaded ALCPA Ethics Exam (examinatio CPE (reinstatement) Documentation of New Mexico Document Name	n, grade transfer, optional reciprocity) Residency (Grade Transfer) Description	Upload a New File	Select Existing File	Uploaded Files	Delete
	•	Education Information Upload Document(s) Attestation Payment	Documents to be uploaded ACPA Ethics Exam (examination CPC (reinstatement) Documentation of New Mexico Document Name American Institute of Certified Public Accountants (AICPA) Professional Ethics	n, grade transfer, optional reciprocity) Residency (Grade Transfer) Description The AICPA's Comprehensive Course, 8 hours	Upload a New File	Select Existing File	Uploaded Files	Delete

Notes:

- To upload new documents, click the Upload icon.
- Click the existing file icon to use the document that has previously been uploaded and saved
- **a)** Click **Upload Files.** Select the appropriate document file to upload. (Alternatively, you can drag and drop the appropriate document file). Click **Done**.



	Mailing Address	viened may result in deby or reject					
0	Education Information	Document Name	Description	Upload a	Select Existing File	Uploaded Files	Delete
	Upload						
	Please attach a copy of the required documen Note that: 1. File size should not exceed 25MB. 2. File extensions will be accepted only of type 3. Documents may be uploaded as individual 1	t. doc, docx, pdf, png, tiff, jpg, jpeg, txt, files or as a single merged file on the r	, csv. next page.				
	Upload Files Or drop files						
						c	lose
		- еного%гари	front-view of face (chest or higher) photograph	2			
		* Proof of Exam Score		£	m		
	Upload	* Proof of Exam Score		۵	•		
	Upload Please attach a copy of the movined of	* Proof of Exam Score		£	•	×	
	Upload Please attach a copy of the required of Note that: 1. File size should not exc. 2. File extensions will be a	* Proof of Exam Score	Upload Files	đ	•	×	
	Upload Please attach a copy of the monimulation Note that: 1. File size should not exc. 2. File extensions will be a 3. Documents may be upload Science S	* Proof of Exam Score	Upload Files	<u>ئ</u>	n 	x	
	Upload Please attach a copy of the Note that: 1. File size should not exc 2. File extensions will be a 3. Documents may be upl 34 Upload Files Or drr 1 of 1 file	* Proof of Exam Score	Upload Files	۵	III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	×	

b) The following screen shows up when you click the existing file icon to upload: Use the suitable document file to upload. Click **Yes**.



File Name	File Type	Action
Electronic Leave Request Form (Blank)	PDF	Use
Electronic Leave Request Form (Blank)	PDF	Use
Electronic Leave Request Form (Blank)	PDF	Use
Electronic Leave Request Form (Blank)	PDF	Use
Electronic Leave Request Form (Blank)	PDF	Use
Electronic Leave Request Form (Blank)	PDF	Use
Electronic Leave Request Form (Blank)	PDF	Use
Maing Address Choose		
Choose		
Making Address Choose File Name	niwe undy read an energy of injector of your opporter File Type	on Action
Choose File Name Do you want to upload the document?	na na statu y na statu k na tunu y kokong na konstana y na ku pipan sa File Type	Action
Mailing Address Choose File Name Do you want to upload the document?	ranovský filozof prestila na Labory Kolknywský kolknyk v slobový v sako prestan Filo Type	Action
Mailing Address Choose File Name Do you want to upload the document?	niwoon oo y nood an booy ou regressen of you register of	Action
Muerry Address Choose File Name Do you want to upload the document? Do you want to upload the document?	File Type	Action



10) In the Attestation sten click the attestation check hox and fill in the mandatory field. Click Save & Next

•	Getting Started	Attestation		
•	Requirements for Licensure	★ 🕢 I hereby depose and state under penalty of perjury, I am the person describe	ed and identified in this application, the information given by	
0	Personal Information	me is true, correct, and complete to the best of my knowledge and belief. I u may be investigated and any false or dishonest answer to any question in this license. I agree that I meet all requirements for this license.	nderstand that any information contained in this application s application may be grounds for denial or revocation of my	
•	Mailing Address	,		
0	Additional Application Requirements	* Attestation Signature (Please type your full name to sign)	Attestation Date	
0	Professional Work Experience	Jamie	12-27-2021	茴
0	Education Information		Previous Save &	Next
•	Upload Document(s)			
÷	Attestation			
	Payment			

11) Under the *Payment* step, select the desired mode of payment and click **Pay and Submit**.

Getting Started	Payment
Requirements for Licensure	Salect your method of payment and click "Day and Submit" to input your payment information
Personal Information	Davments marke with a Visa or Masterrard will be charged a 2 5% transaction fee. This is a fee immosed directly by the bank, and no nortion of the fe
Mailing Address	is paid to or collected by the Regulation and Licensing Department.
Additional Application Requirements	Payments made by E-Check will not result in any transaction fee.
Professional Work Experience	*Mode of Payment
Education Information	Credit Card (Visa or Mastercard)
Upload Document(s)	The amount to be paid is \$ Please click the Pay & Submit button to proceed with the payment.
Attestation	Previous Pay and Submit

Notes:

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

PAYMENT GATEWAY

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

Billing	Payment	Review	Receipt
Billing Information		Your Order	
	* Required field		
First Name		Total amount	\$
Jamie			
Last Name			
Montoya			
Company Name			
Jamie Montoya			
Address Line 1 *			
2550 Cerrillos rd			
City *			
Santa Fe			
Country/Region *			
United States of America	~		
State/Province *			
New Mexico 🗸			
Zip/Postal Code *			
87506			
Phone Number			
Email *			
bwbt024@gmail.com			
	Next		
Cancel Order			



Cybersource A Visa Solution				
Billing	Payment	Review	Receipt	
Payment Details	•	Your Order		
Card Type *	* Required field	Total amount	\$	
Card Number *				
Expiration Month * Expiration Yea 03 2023	ır*			
CVN * This code is a three or four digit number printe cards.	d on the back or front of credit			
Back	Next			
Cancel Order				

3) Review the order and click **Pay**.

Billing Payment Review Receipt Review your Order Jamie Montoya Jamie Montoya
Review your Order Billing Address Jamie Montoya Jamie Montoya Z550 Cerrilios rd Santa Fe New Mexico 87506 United States of America Payment Details Your Order
Billing Address Jamie Montoya Jamie Montoya Jamie Montoya Z550 Cerrillos rd Santa Fe New Mexico 87506 United States of America Payment Details Your Order
Card type Visa Subtati S
Card Number xxxxxxxxxxxx1111 Service fee \$
Expiration Date 03-2023 Total amount \$
By clicking Pay. I agree to the <u>Service Fee Terms & Conditions</u>
Cancel Order

4)	Once the payment is complete you will receive a confirmation message
	Confirmation
	Thank you! Your application has been submitted successfully. If you paid by credit card or E-Check then you will receive a receipt from the payment processor, CyberSource, via email.
	Back to Home

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

CHECKING APPLICATION SUBMISSIONS

1) The application will display under My Applications with a submitted status on the Home Page.

ne License 🗸 Inspe	ction Amendment 🗸 Co	mplaint 🗸 Search License	Board Meeting	Course & Schedule 🗸	My Applicant's Records	
icenses & Applica	ations					
My Applications						
Application ID	License Type	Application Type	Applied Date	Status	Action	Issuance
PAR-0000010849	Certified Public Accountant	New	12/26/2021	Submitted	View	
PAR-0000008748	Continuing Education Units Provider	New	12/9/2021	Draft	Continue	
PAR-0000008605	Alcohol and Drug Abuse Counselor	New	12/8/2021	Draft	Continue	
PAR-0000008509	Associate Marriage and Family Therapist	New	12/8/2021	Draft	Continue	
PAR-000008474	Marriage and Family Therapist	New	12/8/2021	Approved	View	
						View All



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2)	The status of the application will change to Approved once it has been approved by the RLD team
-)	NMRLD

License 🗸 🛛 Inspe	ction Amendment 🗸 Compl	aint 🗸 Search License	Board Meeting Course &	Schedule 🗸 My Applicant's	Records	
enses & Annlic	ations					
My Applications						
Application ID	License Type	Application Type	Applied Date	Status	Action Issuance	
PAR-0000010849	Certified Public Accountant	New	12/26/2021	Approved	View	
PAR-0000008748	Continuing Education Units Provider	New	12/9/2021	Draft	Continue	
PAR-000008605	Alcohol and Drug Abuse	New	12/8/2021	Draft	Continue	
	Counselor					
PAR-0000008509	Associate Marriage and Family	New	12/8/2021	Draft	Continue	
	Therapist					

a) Once the RLD team approves your license, you can also print a copy of the license from the **My** Licenses section

icense Number	License Type	Issued Date	Expiration Date	Status	Print	Renew	Request Inspection
ACC-2021-0435	Certified Public Accountant	12/27/2021	12/31/2022	Active	Print		
CTB-2021-0260	Marriage and Family Therapist	12/8/2021	9/30/2023	Active	Print		
5WB-2021-0091	Licensed Clinical Social Worker (LCSW)	12/7/2021	7/1/2023	Active	Print		