

NMRLD

NMRLD

**Applying for a New License (Counseling and Therapy
Practice Board) Quick Reference Guide**

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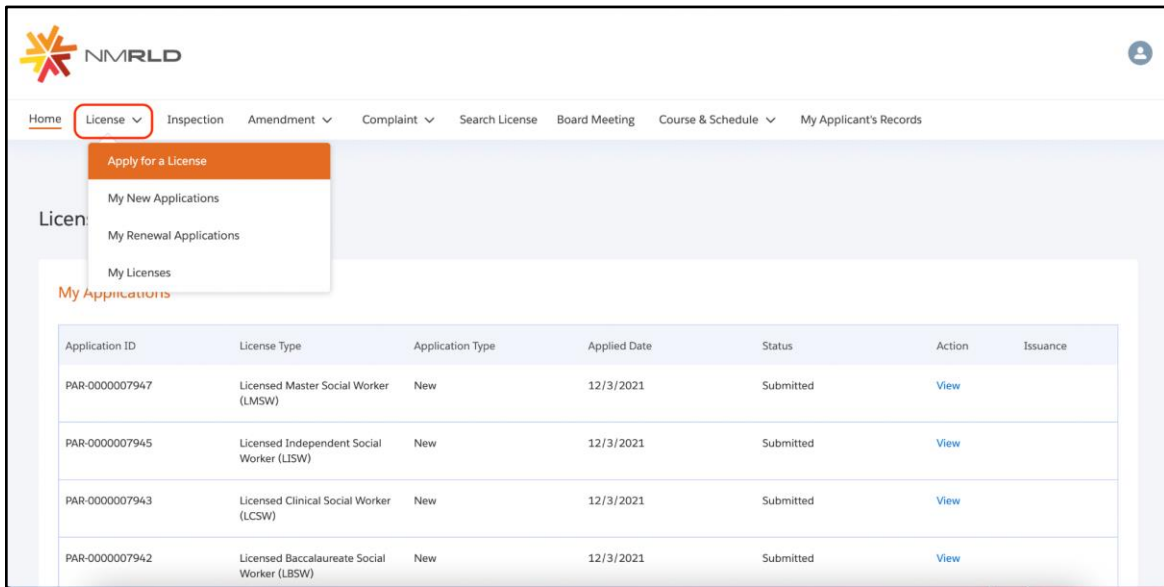
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OVERVIEW

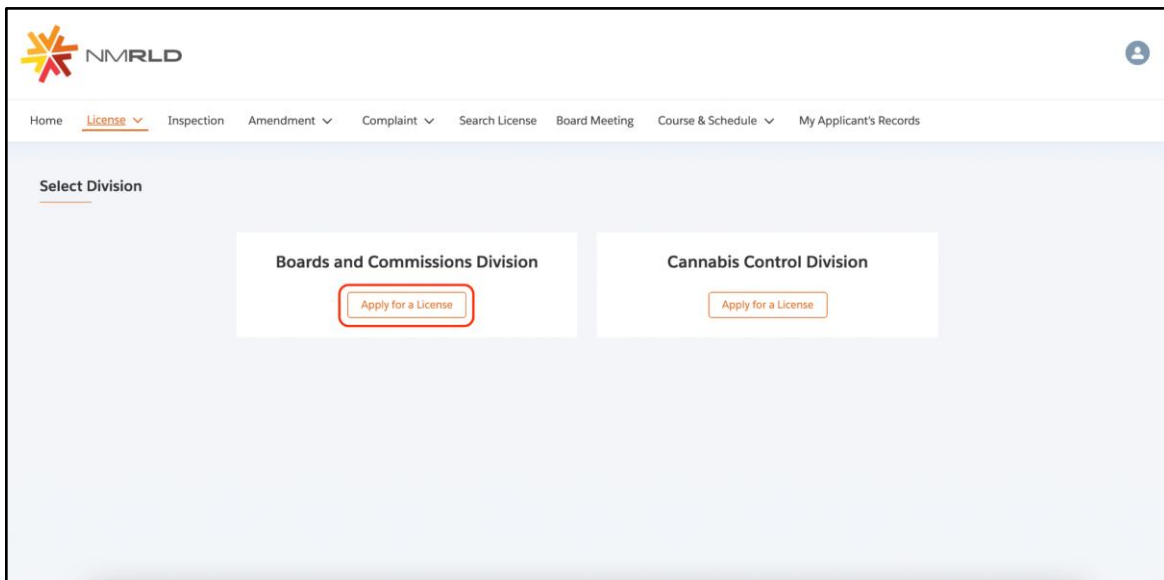
This Quick Reference Guide for the New Mexico Regulation and Licensing Department explains how to use the RLD public portal to create a new license for the Counseling and Therapy Practice Board.

APPLYING FOR A NEW LICENSE

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



- 2) Click **Apply for a License** under *Boards and Commissions Division*.



3) Click **Select** against *Counseling and Therapy Practice Board*

Select Board

Board of Barbers and Cosmetologists
The Board of Barbers and Cosmetologists sets standards for licensure and renewals to ensure licensed professionals and establishments meet the required standards of education, competency and practice so customers receive quality services. [Select](#)

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](#)

4) Select the desired license by clicking **Select** against the desired License name.

[← Back](#)

Alcohol and Drug Abuse Counselor
Independent-level license available after completing the required supervision and client contact hours under the Substance Abuse Associate license [Select](#)

Associate Marriage and Family Therapist
License for new graduates looking to eventually obtain the Marriage and Family Therapist license. [Select](#)

Continuing Education Units Provider
License for individuals and organizations looking to offer CEUs to counselors and therapists licensed under the Counseling and Therapy Practice Board. [Select](#)

Marriage and Family Therapist
Independent-level license available after completing the required supervision and client contact hours under the Associate Marriage and Family Therapist license. [Select](#)

APPLICATION STEPS

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

Click **Save & Next**.

The screenshot shows the NMRLD website interface for applying for a license. At the top left is the NMRLD logo. A navigation menu includes: Home, License (dropdown), Inspection, Amendment (dropdown), Complaint (dropdown), Search License, Board Meeting, Course & Schedule (dropdown), and My Applicant's Records. The main heading is "Counseling and Therapy Practice Board: Marriage and Family Therapist". On the left is a vertical list of application steps: Getting Started (highlighted with an orange dot), Requirements for Licensure, Personal Information, Mailing Address, Education Information, Additional Application Requirements, Supervisor Information, Upload Document(s), Attestation, and Payment. The main content area is titled "Getting Started" and contains the following text: "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. This application will confirm that each individual applying meets all requirements for licensure set by either state statute or regulations governing the 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. If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at www.rld.nm.gov/boards-and-commissions/. Each Board and Commission have their own webpage with specific requirements for licensure, continuing 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. If you are ready to apply, please click the Save & Next button to begin your application." A "Save & Next" button is located in the bottom right corner of the content area.

2) In the **Requirements for Licensure** step, select answers and provide further details as follows:

- a) Select **Yes** or **No** for Reciprocity.
- b) Select check boxes of the applicable states for the question “In which state do you hold an active license?” and enter the license details.

- ✔ Getting Started
- **Requirements for Licensure**
- Personal Information
- Mailing Address
- Education Information
- Additional Application Requirements
- Supervisor Information
- Upload Document(s)
- Attestation
- Payment

Requirements for Licensure

You have selected to apply for a Professional Art Therapist with the New Mexico Counseling and Therapy Practice Board. Below are some of the basic requirements for licensure and items you will need to complete your application. You will have the opportunity to input much of this information, but some documents may need to be scanned and uploaded to the portal for verification as part of your application.

Licensure By Credentials/Reciprocity

Do you currently hold an active license or certification in good standing in another state, territory, or foreign nation? Has this license been in good standing with no disciplinary action pending or brought against you within the past two (2) years? If you answered yes to these questions AND you possess a Master's or Doctoral degree in counseling or a counseling-related field you may be eligible for reciprocal licensure in New Mexico by credentials. You may select YES if you believe that you satisfy the requirements and would like to apply for a license by credentials.

*Reciprocity

➔ Yes

*What state do you hold an active license in?

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> American Samoa	<input type="checkbox"/> Arizona
<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia
<input type="checkbox"/> Guam	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois
<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Louisiana	<input checked="" type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri
<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia
<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Other Country			

*Please include the license(s) name/type, status, and number.

LIC345

Please continue and complete your application, and it will be reviewed to determine if you qualify and satisfy the requirements for license by credentials.

- c) Select **Yes** or **No** for the question, “Are you a military service member, veteran, or a military spouse or child?”
- d) Select an applicable status for the **Military Status** field.
- e) Select **Yes** or **No** for the question, “Do you hold an active license that is current and in good standing, issued by another jurisdiction, including a branch of the armed forces of the United States?”
- f) Select checkboxes of the applicable states for the question, “In which state do you hold an active license?” and enter the license details.
- g) Select **Yes** or **No** for the question, “Please select YES if you would like to proceed with your application under Expedited Military Licensure, NMSA 1978, Section 61-1-34.”

Note: If you have selected Yes for this question, you will be exempted from paying the License fee.

- h) Click **Save & Next**.

Expedited Military Licensure

* Are you a military service member, veteran, or a military spouse or child/dependent? A military service includes active duty, active reserve or active national guard. A veteran means a person who has received an honorable discharge or separation from military service. A military spouse means a spouse of an active military service member or a surviving spouse of a member who was serving on active duty at the time of death. A military child means a dependent child of an active military service member who is claimed as a dependent for federal income tax purposes.

Yes

* Military Status

Active Duty

* Do you hold an active license that is current and in good standing, issued by another jurisdiction, including a branch of the armed forces of the United States?

Yes

* What state do you hold an active license in?

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> American Samoa	<input type="checkbox"/> Arizona
<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia
<input type="checkbox"/> Guam	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois
<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri
<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas
<input type="checkbox"/> U.S. Virgin Islands	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia
<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming

Licensed by a branch of the US Armed Forces

* Please include the license(s) name/type, status, and number.

LIC, Active, 456

In order to determine if you satisfy for expedited military licensure under state law, you will be required to submit documents to show your status as a military service member, veteran, or military spouse or child; as well as information of your current license in good standing.

If you satisfy these requirements and submit the necessary supporting documents, the licensing fee will be waived for three (3) years and the license will be issued within thirty (30) days of submitting a complete application. Incomplete applications will not be accepted, and rejected applications may have to apply through reciprocity or as a new applicant.

* Please select YES if you would like to proceed with your application under Expedited Military Licensure, NMSA 1978, Section 61-1-34.

Yes

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

The screenshot shows a web application interface for entering personal information. On the left is a vertical navigation menu with steps: Getting Started, Requirements for Licensure, Personal Information (highlighted with an orange dot), Mailing Address, Education Information, Additional Application Requirements, Supervisor Information, Upload Document(s), Attestation, and Payment. The main content area is titled 'Personal Information' and contains a warning box with instructions to verify contact information and a note that name changes must be made via the 'My Profile' button. Below the warning is a 'My Profile' button. The form fields are: First Name (Jamie), Middle Name (empty), Last Name (Montoya), Date of Birth (12/28/1989), Primary Phone Number ((505) 000-0000), Cell Phone Number (empty), Business Phone Number (empty), and Email (bwbt024@gmail.com). At the bottom right are 'Previous' and 'Save & Next' buttons.

Personal Information

Please carefully input and verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current mailing address with the board where mail is checked regularly.

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: Jamie
Middle Name:
Last Name: Montoya
Date of Birth: 12/28/1989
Primary Phone Number: (505) 000-0000
Cell Phone Number:
Business Phone Number:
Email: bwbt024@gmail.com
Have you ever used another name under which records relating to your application, education, training or experience may be filed?

[Previous](#) [Save & Next](#)

- a) To make changes to your personal information, click **Edit** at the bottom of the page.

My Profile
Professional Education

My Profile

▼ **Personal Information**

Pronoun	First Name	Middle Name	Last Name	Suffix
<input type="text" value="They"/>	<input type="text" value="Jamie"/>	<input type="text"/>	<input type="text" value="Montoya"/>	<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="bwbt024@gmail.com"/>	<input type="text" value="12/28/1989"/>

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="2550 Cerrillos rd"/>	<input type="text"/>		
Mailing City	Mailing State	Mailing County	Mailing Zip Code
<input type="text" value="Santa Fe"/>	<input type="text" value="NM"/>	<input type="text" value="Santa Fe"/>	<input type="text" value="87506"/>
Mailing Country	Primary Phone Number		
<input type="text" value="US"/>	<input type="text" value="(505) 000-0000"/>		
Cell Phone Number	Business Phone Number		
<input type="text"/>	<input type="text"/>		

Edit

- b) After you update the profile details, click **Home**.

- c) Identify your application in the **My Applications** section and click **Continue** under the Action column.

The screenshot shows the NMRLD website interface. At the top, there is a navigation menu with 'Home' highlighted. Below the menu, the 'Licenses & Applications' section is visible. Underneath, the 'My Applications' section contains a table with the following data:

Application ID	License Type	Application Type	Applied Date	Status	Action	Issuance
PAR-0000008474	Marriage and Family Therapist	New	12/8/2021	Draft	Continue	
PAR-0000007947	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	

- d) Click **Save & Next**.

The screenshot shows the 'Personal Information' step of the application process. On the left, a vertical navigation menu lists the following steps: Getting Started, Requirements for Licensure, **Personal Information** (highlighted), Mailing Address, Education Information, Additional Application Requirements, Supervisor Information, Upload Document(s), Attestation, and Payment. The main content area is titled 'Personal Information' and includes a warning box: 'Please carefully input and verify that all contact information is current and correct. Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current mailing address with the board where mail is checked regularly. 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.' Below the warning box is a 'My Profile' button. The form fields are as follows:

- First Name:
- Middle Name:
- Last Name:
- Date of Birth:
- Primary Phone Number:
- Cell Phone Number:
- Business Phone Number:
- Email:
- Have you ever used another name under which records relating to your application, education, training or experience may be filed?:

At the bottom right, there are two buttons: 'Previous' and 'Save & Next' (highlighted).

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

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-0000010737

- Getting Started
- Requirements for Licensure
- Personal Information
- **Mailing Address**
- Education Information
- Additional Application Requirements
- Supervisor Information
- Upload Document(s)
- Attestation
- Payment

Mailing Address

Please confirm that your contact information is accurate and up to date. Licensees are required to maintain a current mailing address for receiving official and legal mail.
Please provide a valid mailing address. The Board Office will mail license documentation to the address provided in the spaces below.

* Mailing Address Line 1

Mailing Address Line 2

* Mailing City

* Mailing County

Mailing State

* Mailing Zip

* Mailing Country

Important Note: If you are applying for a **Continuing Education Units Provider License**, *Education Information*, *Additional Application Requirements*, *Supervisor Information* steps (i.e Steps 5, 6, and 7 below) are not relevant. Instead, you will see a *Presenter* step, where the customer needs to add the presenter details. Continue with Step 8 after providing the presenter's information.

- 5) The Education Information field will be pre-populated with your information. Cross verify, click **Save & Next** to continue.

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-000010737

- Getting Started
- Requirements for Licensure
- Personal Information
- Mailing Address
- Education Information**
- Additional Application Requirements
- Supervisor Information
- Upload Document(s)
- Attestation
- Payment

Education Information

Please provide educational background. You must hold at least a Master's degree in Counseling or a Counseling related field that meets the Mental Health Core Curriculum Requirements outlined under 16.27.2 NMAC. You will need to upload an official copy of your transcripts showing conferral of an appropriate degree later in the application process.

*Click here to add or to make changes to your education information. Once done refresh the page to reflect your changes.

Name of Institution (High School, GED, College, University, Technical or Vocational School)	Major Field of Study	Degree	Date Completed	Location (City, State, Country)
---	----------------------	--------	----------------	---------------------------------

Previous Save & Next

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

- a) On the *Professional Education* tab. Click **Add New**.

NMRLD

Home License Inspection Amendment Complaint Search License Board Meeting Course & Schedule My Applicant's Records

My Profile **Professional Education**

Professional Education

Add New

Name of Institution (High School, GED, College, University, Technical or Vocational School)	Location (City, State, Country)	Major field of Study	Date Completed	Degree	Degree Verified*	Action
---	---------------------------------	----------------------	----------------	--------	------------------	--------

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

The screenshot shows a web form titled "Professional Education" within a dark grey window. The form contains the following fields:

- * Name of Institution (High School, GED, College, University, Technical or Vocational School): Text input field containing "RGI".
- * Location (City, State, Country): Text input field containing "Russia".
- * Major field of Study: Dropdown menu containing "Science".
- * Degree: Dropdown menu containing "Bachelor's Science".
- * Date Completed: Text input field containing "12/03/2021".

An orange "Save" button is located at the bottom right of the form. A close button (X) is visible in the top right corner of the window.

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

The screenshot shows the same dark grey window after the form is submitted. A green success message is displayed in a light green box:

✓ Professional Education added successfully. Kindly close.

The "Cross" button (X) in the top right corner of the window is highlighted with a red square, indicating it should be clicked to close the window.

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: If you are applying for a **Substance Abuse Associate License**, instead of the *Additional Application Requirements* step (Step 6) there is a *Continuing Education* step where the customer must add the provider's information. Continue with Step 7 after providing the information.

- 6) In the Additional Application Requirements step, read carefully and select **Yes/No**. Click **Save & Next**.

The screenshot shows a web application interface for the Counseling and Therapy Practice Board. The title is "Counseling and Therapy Practice Board: Marriage and Family Therapist" with a reference number "PAR-000010737". A vertical progress bar on the left lists steps: Getting Started, Requirements for Licensure, Personal Information, Mailing Address, Education Information, **Additional Application Requirements** (highlighted with an orange circle), Supervisor Information, Upload Document(s), Attestation, and Payment. The main content area is titled "Additional Application Requirements" and contains two paragraphs of text. The first paragraph states that if the user has already taken and passed the NCE, they will be asked to upload exam scores later and contact the NBCC. The second paragraph states that if the user still needs to take and pass the NCE, an exam approval and temporary license (if applicable) will be issued upon approval of a complete application packet, and that each application is valid for up to two exam attempts. Below the text is a question: "*Have you taken and passed the National Marriage and Family Therapy Examination (NMFTE)?" with a dropdown menu currently set to "Yes". At the bottom right, there are two buttons: "Previous" and "Save & Next".

Note: If you choose *No* you will be charged an additional fee.

Important Note: If you are applying for an **Alcohol and Drug Abuse Counselor License**, there is an additional *Continuing Education* step after the *Additional Application Requirement* step (Step 6), where the customer must add the provider's information. Continue with Step 7 after providing the provider's information.

- 7) Under the *Supervisor Information* step, click **Add Supervisor** to add a supervisor.

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-0000010737

- Getting Started
- Requirements for Licensure
- Personal Information
- Mailing Address
- Education Information
- Additional Application Requirements
- Supervisor Information**
- Upload Document(s)
- Attestation
- Payment

Supervisor Information

Please use the "Add Supervisor" link below to search for and add your current supervisor, who must be a licensed

[Add Supervisor](#)

Supervisor License	License Holder	License Name	Beginning date of supervision with the supervisor	Termination date of supervision with the supervisor	The number of supervision hours obtained under the supervisor	The number of client contact hours obtained under the supervisor	Delete
No Supervisors added !							

[Previous](#)
[Save & Next](#)

8) Select **Yes/No** on the Supervisor Type popup and click **Next**.

NMRLD

Home License Inspection Amendment Complaint Search License Board Meeting Course & Schedule My Applicant's Records

Counseling and Therapy Practice Board: Marriage and Family Therapist

Supervisor Type

*Is your Supervisor a Licensed Psychiatrist ?

Yes No

[Next](#)

Additional Application Requirements supervisor supervisor

Supervisor Information

No Supervisors added !

[Previous](#)
[Save & Next](#)

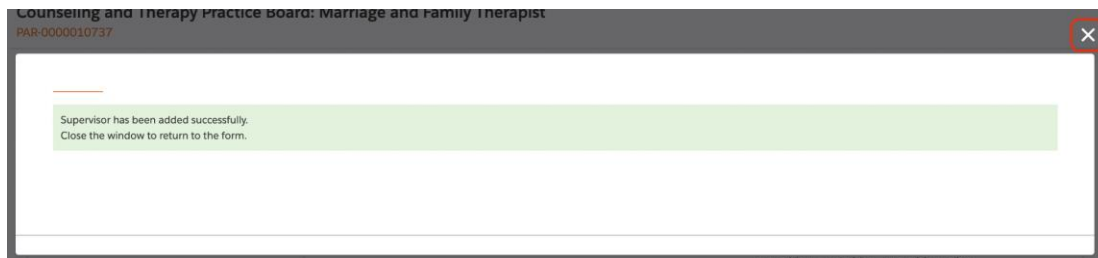
- a) If you choose Yes, fill out all the required information and click **Next**. Supervisor details will now be added

The screenshot shows a web form titled "Add Supervisor Details" within the NMRLD application. The form contains the following fields:

- Supervisor Name:** Aura
- Supervisor License:** LIC456
- Email:** aura@gmail.com
- Phone:** (empty)
- Beginning date of supervision with the supervisor:** 08-05-2021
- Termination date of supervision with the supervisor:** 12-10-2021
- The number of supervision hours obtained under the supervisor:** 45
- The number of client contact hours obtained under the supervisor:** 12

At the bottom right of the form are "Previous" and "Next" buttons. Below the form, a progress bar shows "Supervisor Information" as the active step, with "Upload Document(s)" and "Attestation" as subsequent steps. A "Save & Next" button is also visible.

Note: The confirmation screen shown below will appear. To close the following screen, click the close icon.



- b) If you choose No, use the Search button to find a supervisor license by name or number. Once you have selected the necessary license, click **Add**.

Select Supervisor License

Search: CN

License Number	License holder	License Name	License Subtype	Select
C-11484	Kellan McNally	Licensed Clinical Social Worker (LCSW)		✓
C-12033	Sarah Marcus McNeill	Licensed Clinical Social Worker (LCSW)		✓
CCMH0168511	Erin McNeil	Professional Clinical Mental Health Counselor		✓

Buttons: Previous, Add

Progress: Upload Documents(s), Attestation, Payment

Message: No Supervisors added!

Buttons: Previous, Save & Next

Note: The confirmation screen shown below will appear. To close the following screen, click the close icon.

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-000008474

Supervisor C-12033 has been added successfully.
Close the window to return to the form.

Additional Application Requirements

supervisor supervisor obtained obtained
under the under the

9) Once the *Supervisor Information* is added, click **Save & Next**.

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-0000010737

- ✔ Getting Started
- ✔ Requirements for Licensure
- ✔ Personal Information
- ✔ Mailing Address
- ✔ Education Information
- ✔ Additional Application Requirements
- **Supervisor Information**
- Upload Document(s)
- Attestation
- Payment

Supervisor Information

Please use the "Add Supervisor" link below to search for and add your current supervisor, who must be a licensed

Add Supervisor

Supervisor License	License Holder	License Name	Beginning date of supervision with the supervisor	Termination date of supervision with the supervisor	The number of supervision hours obtained under the supervisor	The number of client contact hours obtained under the supervisor	Delete
LIC456	Aura		12/22/2021	03/27/2022	45	12	✖

Previous
Save & Next

10) In the Upload Document(s) step, click the Upload a New File icon to upload new documents or click the Select Existing File icon to select already uploaded documents. The document names with a red asterisk (*) are mandatory.

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-0000010737

- ✔ Getting Started
- ✔ Requirements for Licensure
- ✔ Personal Information
- ✔ Mailing Address
- ✔ Education Information
- ✔ Additional Application Requirements
- ✔ Supervisor Information
- **Upload Document(s)**
- Attestation
- Payment

Upload Document(s)

All items marked with an asterisk are required to have documentation attached to it. All other items are optional and may not apply to your application.

If you stated you hold or have held licensure in another state or jurisdiction, you are required to submit verifications of licensure for each license held. These verifications must be from the issuing state and must clearly state whether any disciplinary action has ever been taken by the regulatory Board.

If you are applying through Military Application requirements, you are required to submit verification of a current, equivalent license credential held in another state or jurisdiction and supporting military documentation as outlined previously in the application process.

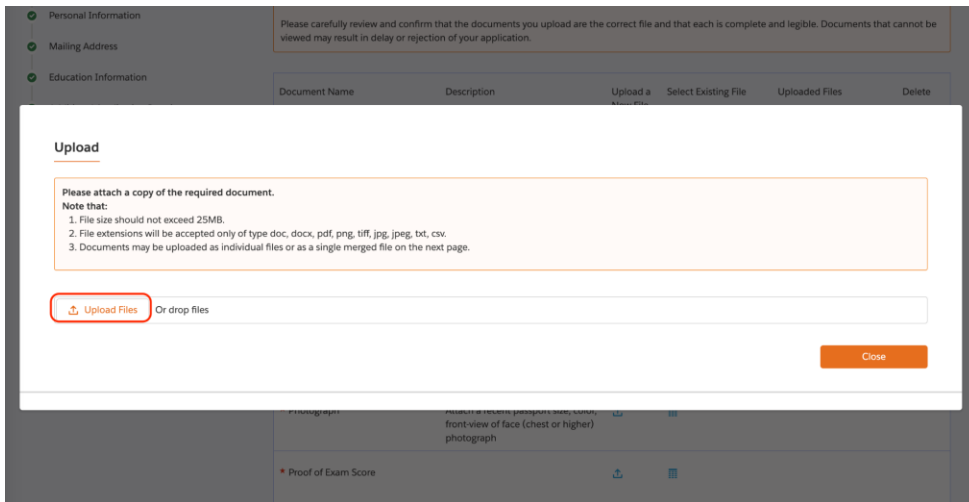
If you have stated you have previously taken and passed the NMFTE, you are required to upload your official exam scores.

Document Name	Description	Upload a New File	Select Existing File	Uploaded Files	Delete
* Certified Transcript For The Course Of Study Or An Affidavit Of Hours From The Regulatory Agency Or School Attended					
* Experience Verification					
* Official Transcripts					
* Official Verification of Licensure from all states licensed in					
* Photograph	Attach a recent passport size, color, front-view of face (chest or higher) photograph				
* Proof of Exam Score					

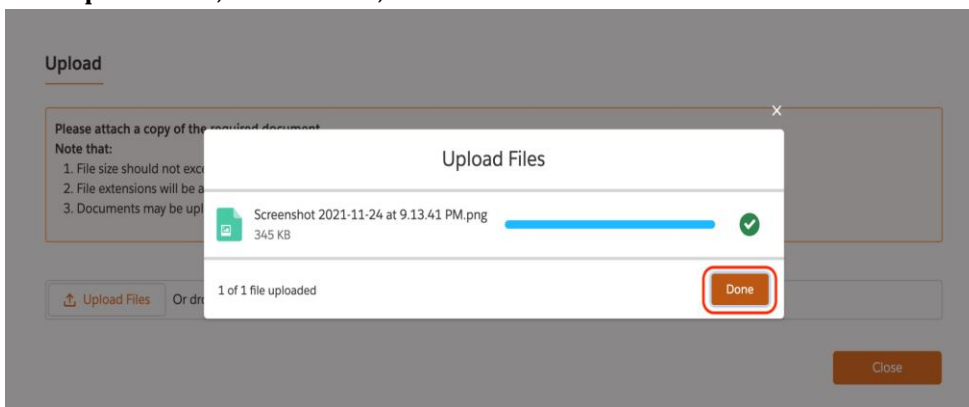
Previous
Save & Next

- a) Click **Upload Files**. Select the appropriate document file to upload. (Alternatively, you can drag and drop the appropriate document file). Click **Done**.

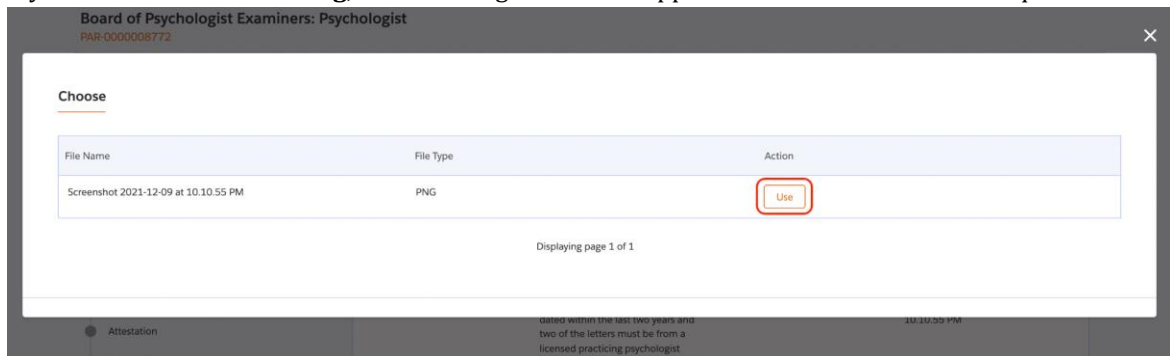
If you click on **Upload Files**, the following screen will appear.



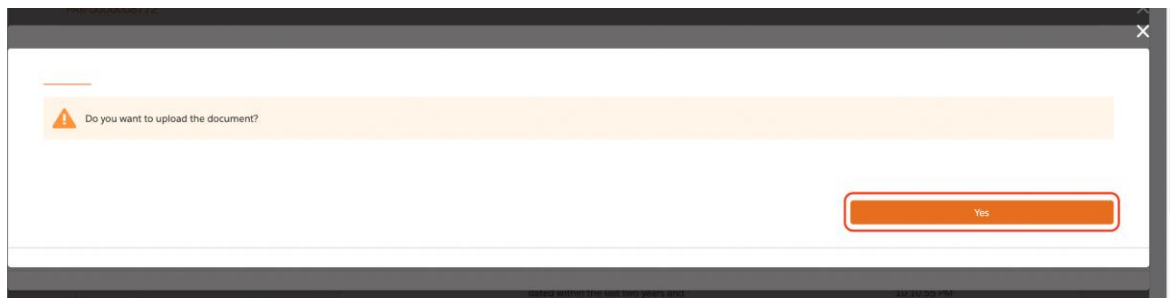
- b) Click **Upload Files**, select the file, then click **Done** and click **Close**.



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



- d) Click **Yes**.



- 11) Select the **Attestation** check box to give your consent, enter your name in the **Attestation Signature** field, and click **Save & Next**.

- 12) In the **Payment** step, read the information in orange and then select a payment mode from the **Mode of Payment** drop-down.

Counseling and Therapy Practice Board: Marriage and Family Therapist
PAR-0000010737

- ✓ Getting Started
- ✓ Requirements for Licensure
- ✓ Personal Information
- ✓ Mailing Address
- ✓ Education Information
- ✓ Additional Application Requirements
- ✓ Supervisor Information
- ✓ 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

Credit Card (Visa or Mastercard)

The amount to be paid is \$ [REDACTED]

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

Previous **Pay and Submit**

Notes:

- 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 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**.

cybersource
A Visa Solution

Billing Payment Review Receipt

Billing Information * Required field

First Name

Last Name

Company Name

Address Line 1 *

City *

Country/Region *

State/Province *

Zip/Postal Code *

Phone Number

Email *

Next

[Cancel Order](#)

Your Order

Total amount \$ [REDACTED]

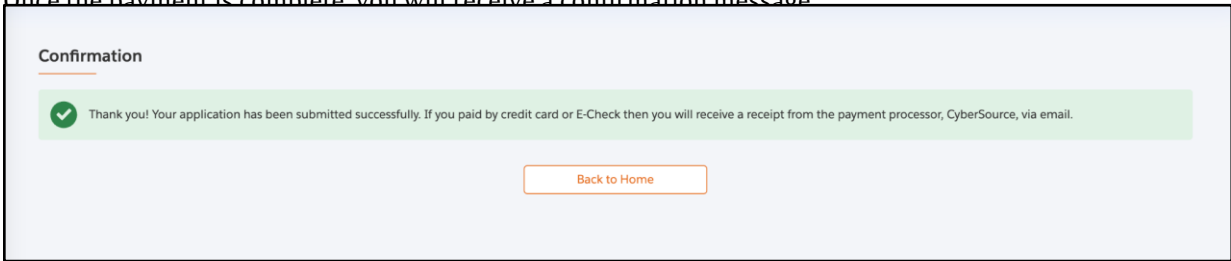
2) Enter Payment details and click **Next**

The screenshot shows the Cybersource payment interface. At the top, there are tabs for Billing, Payment (selected), Review, and Receipt. The main content area is divided into two sections: 'Payment Details' and 'Your Order'.
Payment Details:
- Card Type: * Required field. Radio buttons for VISA (selected) and Mastercard.
- Card Number: * xxxxxxx1111
- Expiration Month: * 03 (dropdown)
- Expiration Year: * 2023 (dropdown)
- CVN: * This code is a three or four digit number printed on the back or front of credit cards. Field contains '...' and a CVV icon.
- Buttons: Back, Next (highlighted with a red box), and Cancel Order (link).
Your Order:
- Total amount: \$ [redacted]

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

The screenshot shows the Cybersource payment interface at the 'Review' step. At the top, there are tabs for Billing, Payment, Review (selected), and Receipt. The main content area is divided into three sections: 'Review your Order', 'Billing Address', and 'Your Order'.
Review your Order:
- Billing Address: Jamie Montoya, Jamie Montoya, 2550 Cernillos rd, Santa Fe, New Mexico, 87506, United States of America.
- Payment Details: Card Type: Visa, Card Number: xxxxxxxxxxx1111, Expiration Date: 03-2023.
- Your Order: Subtotal: \$ [redacted], Service fee: \$ [redacted], Total amount: \$ [redacted].
- Buttons: Back, Pay (highlighted with a red box), and Cancel Order (link).
- Note: By clicking Pay, I agree to the [Service Fee, Terms & Conditions](#).

- 4) Once the payment is complete, you will receive a confirmation message.



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

VIEW APPLICATION SUBMISSIONS

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

The screenshot shows the 'My Applications' section of the NMRLD website. The navigation bar includes links for Home, License, Inspection, Amendment, Complaint, Search License, Board Meeting, Course & Schedule, and My Applicant's Records. The main heading is 'Licenses & Applications'. Below it, the 'My Applications' section contains a table with the following data:

Application ID	License Type	Application Type	Applied Date	Status	Action	Issuance
PAR-000008474	Marriage and Family Therapist	New	12/8/2021	Submitted	View	
PAR-000007947	Licensed Master Social Worker (LMSW)	New	12/3/2021	Submitted	View	
PAR-000007945	Licensed Independent Social Worker (LISW)	New	12/3/2021	Submitted	View	
PAR-000007943	Licensed Clinical Social Worker (LCSW)	New	12/3/2021	Submitted	View	
PAR-000007942	Licensed Baccalaureate Social Worker (LBSW)	New	12/3/2021	Submitted	View	

A 'View All' button is located at the bottom right of the table.

2) The status of the application will change to Approved once it has been approved. There will be an option under Issuance. To pay the issuance fees, click the cart icon.

The screenshot shows the 'My Applications' section of the NMRLD website. The navigation bar is the same as in the previous screenshot. The main heading is 'Licenses & Applications'. Below it, the 'My Applications' section contains a table with the following data:

Application ID	License Type	Application Type	Applied Date	Status	Action	Issuance
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-000008474	Marriage and Family Therapist	New	12/8/2021	Approved	View	
PAR-000007947	Licensed Master Social Worker (LMSW)	New	12/3/2021	Submitted	View	

A 'View All' button is located at the bottom right of the table.

- a) Select the Mode of Payment and click **Pay**. You will be redirected to the Cybersource payment gateway to pay the issuance fees

Issuance Payment

* Mode of Payment

Credit Card (Visa or Mastercard)

The amount to be paid is \$ [REDACTED]

Please click the PAY button to proceed with the payment.

PAY

- b) The cart icon will be removed once the issuance fees have been paid.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action	Issuance
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-000008474	Marriage and Family Therapist	New	12/8/2021	Approved	View	
PAR-000007947	Licensed Master Social Worker (LMSW)	New	12/3/2021	Submitted	View	

[View All](#)