



Board of Psychologist Examiners

Conditional Prescription Certificate

Application User Guide

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Conditional Prescription Certificate Application

1. In the **Introduction** step, read the information carefully, then click “**Next**”.

RLD Intake

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Introduction

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.

 warning.png

Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

[Save for later](#)

[Next](#)

2. On the **Basic Information** page, verify that all information is valid and up to date.

Basic Information

Carefully 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 email and 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.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

▼ Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (If In New Mexico) *Mailing Zip

*Mailing Country

[Save for later](#)

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- a. If your information is **Not Up to Date**, select the **“My Profile”** button at the top left to update your information.

Basic Information

Carefully verify that all contact information is current and correct.

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[My Profile](#)

Applicant Information

* First Name Middle Name * Last Name

Any other name(s)

* Phone Number * Email Address

Mailing Address

* Mailing Street

* Mailing City * Mailing State

Mailing County (If in New Mexico) * Mailing Zip

* Mailing Country

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- i. Select the **“Edit”** button at the bottom right of the page.

My Profile

Person Information

* First Name Middle Name * Last Name

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

Race Ethnicity Preferred Language Are you a New Mexico Resident?

Date of Birth Gender

Primary Phone No Business Phone No

Identifier Type Identifier Number

Mailing Address

Mailing Street

City State/Province

Country Zip Code County (If in New Mexico)

[Edit](#)

- ii. Enter in all relevant updated data and select **“Save”** at the bottom right when completed, then return to your application and click **“Next”**.

My Profile

▼ **Person Information**

*First Name Middle Name *Last Name

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

*Race *Ethnicity *Preferred Language *Are you a New Mexico Resident?

*Date of Birth *Gender

*Primary Phone No Business Phone No

*Identifier Type *Identifier Number

▼ **Mailing Address**

*Mailing Street

*City State/Province

Country *Zip Code Country (If in New Mexico)

- b. If your information is **Up to Date**, select the **“Next”** button at the bottom right of the page.

Basic Information

Carefully 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 email and 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.

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▼ Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

▼ Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (If in New Mexico) *Mailing Zip

*Mailing Country

3. In the **Questions** section, you will answer questions about your licensure, education, and background. Please complete each section of this page, as they are all required to proceed.
- a. Answer Question 1 by selecting “**Yes**” or “**No**” underneath the question. If you indicate that you passed the Examination for Professional Practice in Psychology by selecting “**Yes**” to Question 1. An additional field will populate for you to enter the **Date of Exam**. You can enter the date into the field in **MM-DD-YYYY** format, or you can use the **Calendar** icon to select the date from the full calendar view.

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Questions

* Have taken and passed the Psychopharmacology Examination for Psychologist (PEP)?

☒ Yes

☐ No

* Date of Exam

01-01-2025



b. Read Questions 2 through 10 carefully, then select the “**Yes**” radio button located directly under the question. Questions with only one response are a licensure requirement set by your Board/Commission. If you are unable to answer the question truthfully, you may need to contact your Board to inquire about meeting this license type’s requirements.

* Do you certify that you have completed a post-doctoral psychopharmacology training program from an accredited institution of higher education?

☒ Yes

* Do you certify that you have completed a minimum of 80-hours Practicum in Primary health Care?

☒ Yes

* Do you certify that you have completed 400-hours of treating a minimum of 100 patients with pharmacotherapy with an approved supervisor?

☒ Yes

* Do you certify that you have completed the 3-hour training in New Mexico Rules and Laws applicable to prescribing psychologist?

☒ Yes

Training is offered by the State Psychologist Association of New Mexico (SPA), or the New Mexico Psychological Association (NMPA)

* Do you certify that you understand that all conditional prescribing psychologist shall maintain continuous malpractice insurance coverage?

☒ Yes

* Do you certify that you have worked out a proposed Supervisory Plan with a board approved supervisor, signed by you (licensed psychologist) and the supervising physician?

☒ Yes

* Do you understand that any conditional prescribing or prescribing psychologist must be registered by the New Mexico board of Pharmacy and by the United States Drug Enforcement Administration (DEA) as provided in 16.22.30 NMAC., before they may administer, dispense, or prescribe any of the controlled substances which are allowed by the Conditional Prescribing or Prescribing Psychologist Formulary 16.22.27 NMAC and for which a DEA registration is required?

☒ Yes

* Do you certify that you have read and agree to comply with the Conditional Prescription Certificate or Prescription Certificate Health Care Practitioner Collaboration Guidelines outlined in 16.22.20.8 NMAC?

☒ Yes

* Do you understand that your application and supporting documentation require an in depth review by the RXP Application Review Committee. Please allow up to 10-days for review.

☒ Yes

- c. Answer the remaining questions in this section by clicking “**Yes**” or “**No**” in the radio button next to the response you are choosing. If you select “**Yes**” to any of the final three questions, an additional text field will populate for you to **Provide Any Relevant Details** pertaining to the question. You will have an opportunity to upload **Supporting Documents** in a later section of the application.

* Have you ever had an application or license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline or disciplinary action by a licensing board in another state or jurisdiction?

☐ Yes
☒ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.22.2.20 NMAC?

☐ Yes
☒ No

* Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?

☒ Yes
☐ No

A person who submits an application for an initial license or renewal of a license is not eligible for issuance of the license if the applicant is not in compliance with a judgment and order for support or subpoenas or warrants relating to paternity or child support proceedings.

*Provide any relevant details below. It is also recommended that you upload any supporting documentation on the document upload page, later in this application.

Save for later

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Next

- d. Once all sections of the **Question** page are complete and correct, click “**Next**” to proceed.

4. In the **Uploaded Documents** section, click the blue “**Upload**” icon to begin selecting the document to upload. All fields marked with a red asterisk (*) are mandatory for your application.

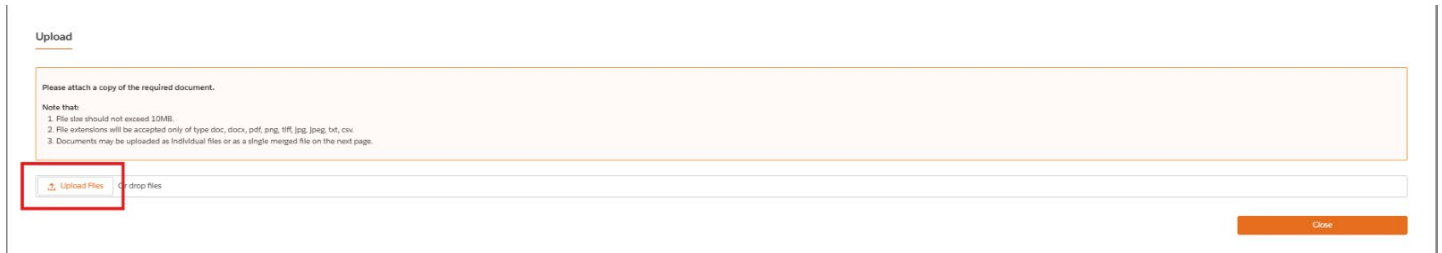
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Upload Documents

Document Name	Document Description	Uploaded Files
* Verification By Supervisor of 400-Hour Practicum Treating A Minimum of 100 Patients With Pharmacotherapy	This form shall be completed by the applicant's supervisor who certifies the applicant's successful completion of the general 400 hour practicum treating a minimum of 100 patients with mental disorders. The form must be downloaded from the Board's website, provided to and completed by the supervisor, signed and uploaded by the applicant.	
* PEP Score	Verification of a passing score on the Examination for Psychopharmacology Examination for Psychologists (PEP).	
* Declaration Page of Malpractice Insurance Policy	Only the declaration page of the malpractice insurance policy is required. Malpractice insurance shall cover claims for personal injury arising out of his or her performance of professional services and claims arising out of his or her act, errors or omissions in providing professional services, including prescribing psychotropic medication. Such malpractice insurance coverage shall be no less than one million dollars per occurrence with an aggregate limit of three million dollars.	
* 3-Hour Training in New Mexico Rules and Laws Applicable to Prescribing Psychologists	Verification of completion of a 3-hour training in New Mexico rules and laws applicable to prescribing psychologists, as offered by the State Psychologist Association of New Mexico (SPA), or the New Mexico Psychological Association (NMPA).	

- a. Select the **“Upload Files”** button to open the file directory of your computer.



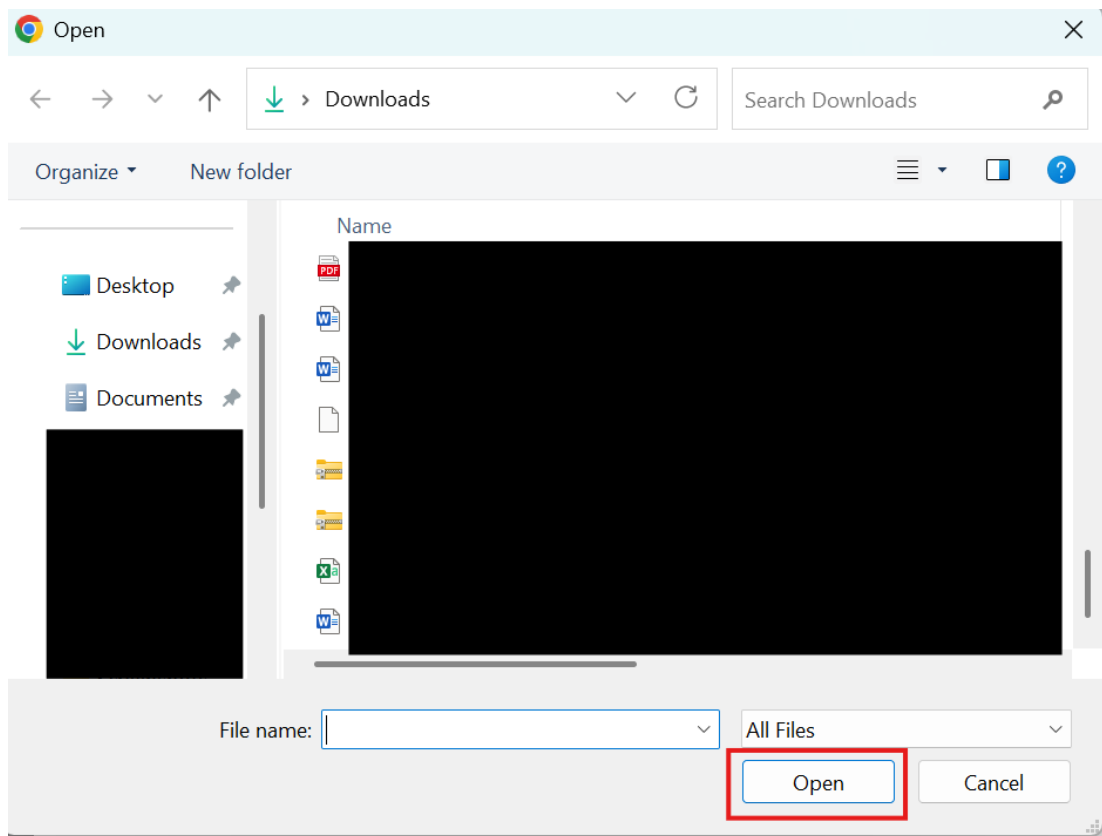
Upload

Please attach a copy of the required document.

Note that:

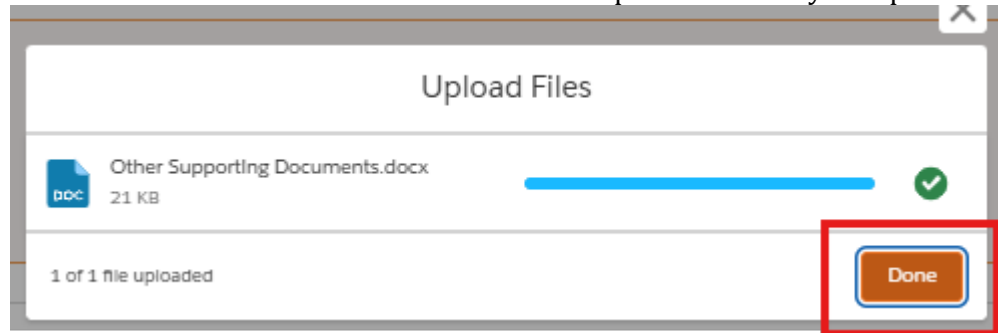
1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, txt, csv.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

- b. Select the appropriate document requested by your Board from your files, and then select **“Open”** to upload it to your application.

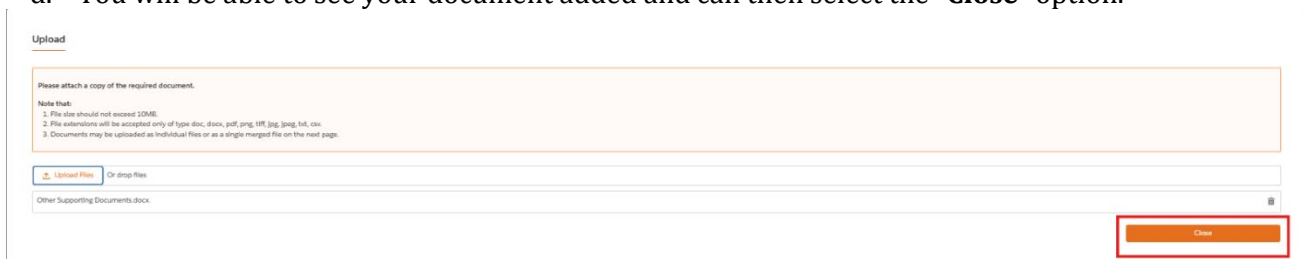


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you click the upload button, you may need to enable pop-ups in your web browser as well.

- c. The file will notify you when it has finished uploading with a green check mark to the right of the document name. Select the **“Done”** button when it’s completed to finish your upload.



- d. You will be able to see your document added and can then select the **“Close”** option.



- e. You will be able to see the documents in each section once you have completed an upload. If you would like to remove any uploaded documents, you can click the red **“Trash Can”** icon to delete them from your application. Use the orange **Eye** icon to preview your document and the green **Download** icon to save the uploaded document to your computer.

★ Conditional Prescribing Psychologist Proposed Supervisory Plan Form	This form shall be completed by the supervisor and documents details of the supervision agreement with the applicant. The form must be downloaded from the Board's website, provided to and completed by the supervisor, signed and uploaded by the applicant.	 Your Document Name   
★ Verification By Supervisor of 80-Hour Practicum In Primary Health Care Form	This form shall be completed by the applicant's supervisor who certifies the applicant's successful completion of the 80 hour practicum in clinical assessment and pathophysiology.	 Your Document Name   
★ Training Program Verification of Experience Form	This form shall be completed by the Training Program Director and documents the training program and evaluation of the applicant. The form must be downloaded from the Board's website, provided to and completed by the training program director and uploaded by the applicant.	 Your Document Name   
Other Supporting Documents	Any supporting documents that could assist in review of the application.	

Save for later

Previous **Next**

- f. Repeat step 4 of this guide until all required documents (*) have been uploaded. Then click the **“Next”** button to proceed.

5. On the **Attestation** page, review the statement on the screen. Then select the **checkbox** to certify your agreement. After, **enter your name** and select the **“Next”** button at the bottom right.

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Attestation

Application Attestation

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

I further certify I will read the Professional Psychologist Act and Rules and fully understand that I bind myself to be governed by them.

* Applicant Name Date

Save for later

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6. On the **Payment** page, review the notice before making any selections.

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Payment

Select your mode 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 RLD. Payments made by e-check will not result in any transaction fee.

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

* Mode of Payment

The amount to be paid is \$

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

Save for later

Previous **Pay and Submit**

*Note: **Military Applications DO NOT** require payment.*

- Select a **Mode of Payment** then the **“Pay and Submit”** button. When selecting either **Credit Card (Visa or Mastercard)** or **E-Check** as your payment method, a new tab will open directing you to the **CyberSource Payment Gateway** screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

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- Attestation
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- Confirmation

Payment

Select your mode 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 RLD. Payments made by e-check will not result in any transaction fee.

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

* Mode of Payment

The amount to be paid is \$

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

Save for later

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Pay and Submit

Note: Payments are processed through a separate system, and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.

- Fill out all fields in the **Billing Information** and **Payment Information** portions, then **Review** the transaction information before paying. Click the **“Next”** button to proceed through the entire payment process. Once your payment is completed, you may close your tab with Cybersource where you processed your payment.

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 *

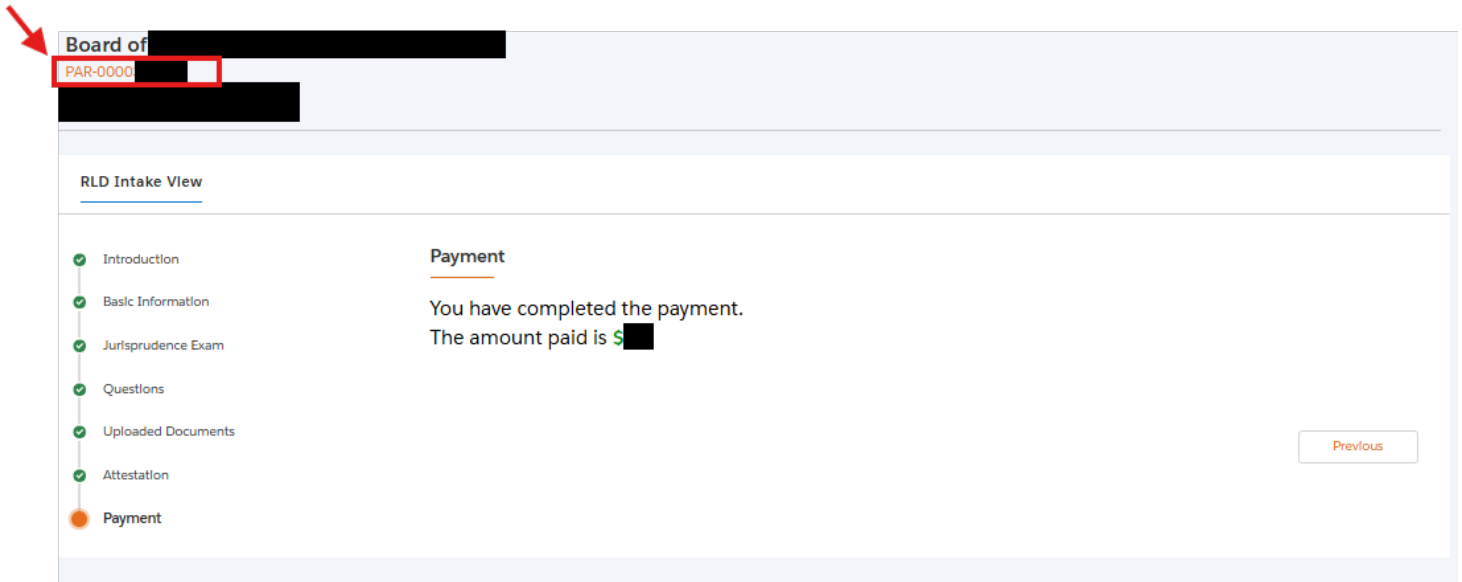
Next

[Cancel Order](#)

Your Order

Total amount \$

7. Your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



Board of [REDACTED]
PAR-0000 [REDACTED]

RLD Intake View

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Payment

You have completed the payment.
The amount paid is \$ [REDACTED]

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8. On the **Home Page**, the application will appear under **My Applications** with **Submitted** status.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)