



Board of Dental Health Care

Dental Assistant Application Manual

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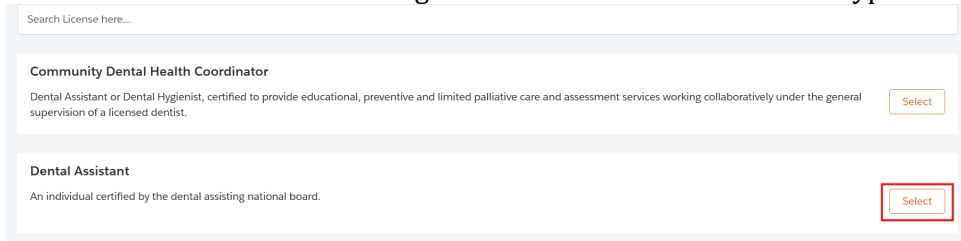
Application for Dental Assistant

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BOARD OF DENTAL HEALTH CARE APPLICATION MANUAL

Application for Dental Assistant

1. Click the “Select” button to the right of the Dental Assistant license type.

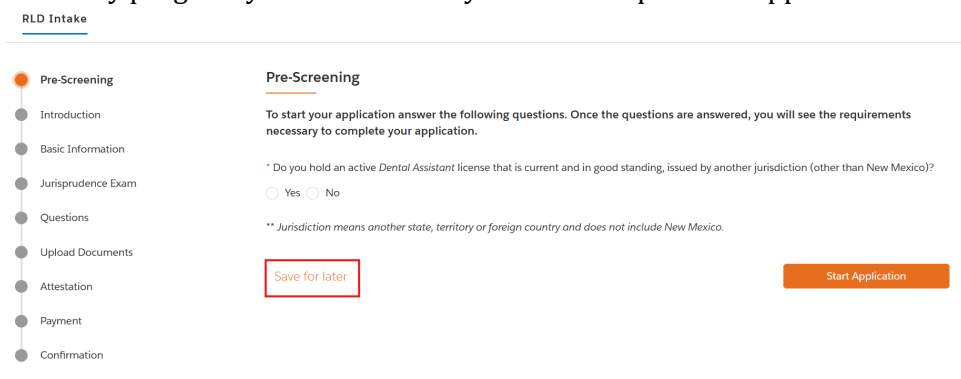


Search License here...

Community Dental Health Coordinator
Dental Assistant or Dental Hygienist, certified to provide educational, preventive and limited palliative care and assessment services working collaboratively under the general supervision of a licensed dentist. Select

Dental Assistant
An individual certified by the dental assisting national board. Select

2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.



RLD Intake

Pre-Screening

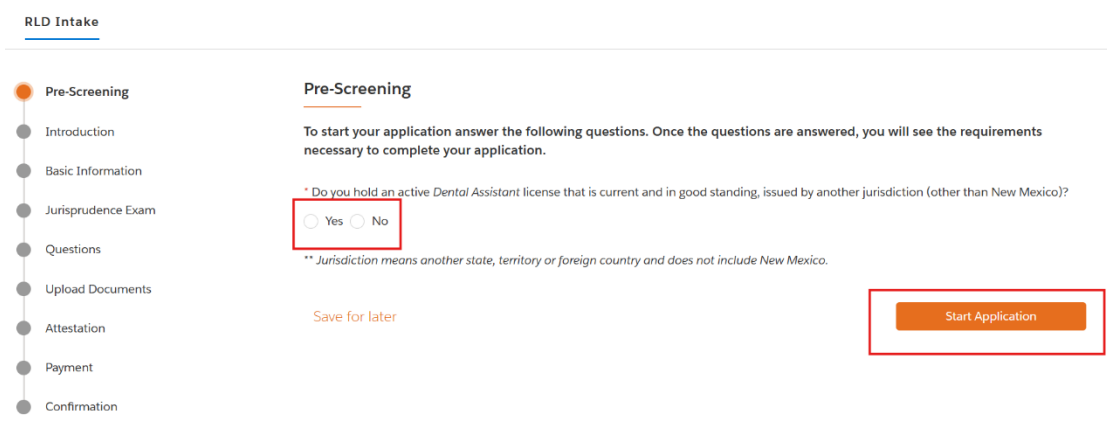
To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active Dental Assistant license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?
☐ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later Start Application

3. On the Pre-Screening, you will answer questions pertaining to your reciprocity and Military status.



RLD Intake

Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active Dental Assistant license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?
☒ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later Start Application

- a. If you do hold a Dental Assistant license outside of New Mexico and select “Yes”, you will be prompted with another question regarding your **Military Status**. If you have any Military associations matching the question, select the “Yes” radio button.

Otherwise, you can select “No”. You may then proceed using the “Start Application” button.

RLD Intake

- Pre-Screening**
- Introduction
- Basic Information
- Licensure Information
- Jurisprudence Exam
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Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active Dental Hygienist license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

☒ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

* Are you a military service member, veteran, or the spouse of a person who is serving in the United States, a surviving spouse of a military service member who at the time of the member's death was serving on active duty, or a qualifying child/dependent of a military service member?

☐ Yes ☒ No

** Military service member means a person who is:

- serving in the armed forces of the United States as an active-duty member, or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, or a surviving spouse of a member who at the time of the member's death was serving on active duty; or
- the child of a military service member if the child is also a dependent of that person for federal income tax purposes; and

Veteran means a person who has received an honorable discharge or separation from military service.

Save for later Start Application

4. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.

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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 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 Previous Next

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

- Pre-Screening
- Introduction
- **Basic Information**
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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](#)

[Previous](#)

[Next](#)

- a. If **Yes**, select the “Next” button at the bottom right of the page.

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Basic Information

Carefully verify that all contact information is current and correct.

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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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[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](#)

[Previous](#)

[Next](#)

- b. If **No**, select the “My Profile” button at the top left to update your information.

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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewal 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 Previous Next

- 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

SSN

▼ 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.

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

SSN

▼ **Mailing Address**

*Mailing Street

*City State/Province

Country *Zip Code Country (If in New Mexico)

iii. You will need to restart your application to ensure the updated data is listed.
Return to “Step 1: Select Dental Assistant Application” to continue.

6. On the Licensure Information Page, this page is only for **Reciprocity and Military**

- a. If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional Application section for **Licensure Information**.
- b. A. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

RLD Intake

- ✓ Pre-Screening
- ✓ Introduction
- ✓ Basic Information
- **Licensure Information**
- Jurisprudence Exam
- Questions
- Upload Documents
- Attestation

Licensure Information

Specify all active licenses in another jurisdiction in similar profession.
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
		01/01/2020	12/31/2025	

- c. In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is mm/dd/yyyy. Once your information is entered, select “**Save**”.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

State Licenses

* License Number

* Issuing State/Territory

* Issue Date

* Expiration Date

- d. If you selected “Yes” to the military question in your **Pre-Screening**, a secondary question will populate in the **Licensure Information** section. Use the dropdown to select your **Military Status** among **Active Duty**, **Spouse**, **Dependent/Child**, **Retired/Veteran**, and **Other**.

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- Licensure Information**
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Licensure Information

Specify all active licenses in another jurisdiction in similar profession

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action

Military Information

* Are you a military service member, veteran, or a military spouse or child/dependent?

Military service member means a person who is:

- serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; or
- the child of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; provided that child is also a dependent of that person for federal income tax purposes; and

Recent veteran, means a person who has received an honorable discharge or separation from military service within the three years immediately preceding the date the person applied for a professional or license pursuant to this section.

* Military Status

- Clear --
- Active Duty
- Spouse
- Dependent/Child
- Retired/Veteran
- Other

- e. With your license information added and your **Military Status** selected, click “Next” to proceed with the rest of your application.

Payment
Confirmation

Military Information

* Are you a military service member, veteran, or a military spouse or child/dependent?

Yes

Military service member means a person who is:

- serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; or
- the child of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, provided that child is also a dependent of that person for federal income tax purposes; and

Recent veteran, means a person who has received an honorable discharge or separation from military service within the three years immediately preceding the date the person applied for a professional or license pursuant to this section.

* Military Status

Active Duty

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.

Save for later Previous Next

7. On the Jurisprudence Exam page, select the “Launch New” button on the page.

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Jurisprudence Exam

You must have a passing score to navigate further.

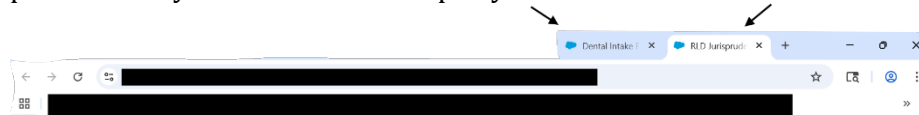
Attempts : 0

Launch New Refresh

Attempt	Name	Examination Date	Score in %	Result
---------	------	------------------	------------	--------

Save for later Previous Next

a. A new page will open up for the exam, once the exam is complete you can select the previous tab you were on at the top of your browser.



b. You will be able to view the attempt you made at the exam by selecting the orange “Refresh” button at the top right and verify that you passed.

RLD Intake

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Attestation
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Confirmation

Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 0

Launch New Refresh

Attempt	Name	Examination Date	Score in %	Result
---------	------	------------------	------------	--------

Save for later Previous Next

c. You are allowed 3 attempts to pass the JP Exam. If you do not score a passing grade within the 3rd attempts, your application, once submitted, will be placed on hold and you will be contacted by the Dental Board.

Note: You can make 3 attempts of the exam to receive a passing grade. To make a new attempt select the “Launch New” button again.

RLD Intake

- Pre-Screening
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- Basic Information
- Jurisprudence Exam
- Warning**
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- Payment
- Confirmation

Warning

Is Exam Passed? *false*

Please complete your exam before moving into next step

Save for later

Previous

- d. Once you have passed the exam you can select the “Next” button at the bottom right of the page.

RLD Intake View

- Introduction
- Basic Information
- Jurisprudence Exam**
- Questions
- Uploaded Documents
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- Payment

Jurisprudence Exam

Attempts : 1

Attempt	Name	Examination Date	Score in %	Result
1	PEX [REDACTED]	[REDACTED]	[REDACTED]	Pass

Previous Next

8. On the Questions page, please answer all questions accurately with the most recent information.

RLD Intake

- ✓ Pre-Screening
- ✓ Introduction
- ✓ Basic Information
- ✓ Jurisprudence Exam
- **Questions**
- Upload Documents
- Attestation
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Questions

* Have you taken and passed the CDA DANB?

- ☐ Yes
☐ No

* Did you hold an active Dental Assistant license in other states and has been actively practicing for 2 immediate consecutive years in same state prior to applying in New Mexico?

- ☐ Yes
☐ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.5.1.30 NMAC?

- ☐ Yes
☐ No

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by any professional licensing authority?

- ☐ Yes
☐ No

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or institution?

- ☐ Yes
☐ No

* Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

- ☐ Yes
☐ No

* Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or such a claim yourself?

- ☐ Yes
☐ No

* Education Information

Provide information about your Dental Schooling.

Institution Name	Degree/Diploma	Start Date	Completion Date	Action
				Add New
				▼

* Person Specialty

Please enter details for these specialties: Radiography, Rubber Cup Coronal Polishing, Topical Fluoride, Pit Fissure Sealant.

Institution Name	Specialty Area	Start Date	Completion Date	Action
				Add New
				▼

* Person Experience

Provide information about your Experience

Employer Name	Start Date	End Date	Action
			Add New
			▼

[Save for later](#)

[Previous](#)

[Next](#)

- a. To add new Education Information, Person Specialty, or Person Experience: Select the “Add New” button at the top of each section.

RLD Intake

- Pre Screening
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Questions

* Have you taken and passed the CDA DANB?

☐ Yes
☐ No

* Did you hold an active Dental Assistant license in other states and has been actively practicing for 2 immediate consecutive years in same state prior to applying in New Mexico?

☐ Yes
☐ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.5.1.30 NMAC?

☐ Yes
☐ No

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by any professional licensing authority?

☐ Yes
☐ No

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or institution?

☐ Yes
☐ No

* Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes
☐ No

* Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or such a claim yourself?

☐ Yes
☐ No

* Education Information
Provide information about your Dental Schooling.

Institution Name	Degree/Diploma	Start Date	Completion Date	Action
				Add New

* Person Specialty
Please enter details for these specialties: Radiography, Rubber Cup Coronal Polishing, Topical Fluoride, Pit Fissure Sealant.

Institution Name	Specialty Area	Start Date	Completion Date	Action
				Add New

* Person Experience
Provide information about your Experience

Employer Name	Start Date	End Date	Action
			Add New

[Save for later](#) [Previous](#) [Next](#)

b. Enter in all data and select Save.

Education Information

* Institution Name

* Degree/Diploma

Select Degree/Diploma

* Start Date

* Completion Date

Cancel

Save

c. For **Military**, your Questions page will be as shown in the image below.

RLD Intake

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Questions

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.5.1.30 NMAC?

☐ Yes
☒ No

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by any professional licensing authority?

☐ Yes
☒ No

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or institution?

☐ Yes
☒ No

* Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes
☒ No

* Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or such a claim yourself?

☐ Yes
☒ No

* Person Specialty
Please enter details for these specialties: Radiography, Rubber Cup Coronol Polishing, Topical Fluoride, Pit Fissure Sealant.

Institution Name	Specialty Area	Start Date	Completion Date	Action
Add New				

* Person Experience
Provide Information about your Experience

Employer Name	Start Date	End Date	Action
			Add New
			▼

[Save for later](#) [Previous](#) [Next](#)

- d. To complete the Questions page, select the “Next” button at the bottom right of the page.

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Questions

* Have you taken and passed the CDA DANB?

☐ Yes
☐ No

* Did you hold an active Dental Assistant license in other states and has been actively practicing for 2 immediate consecutive years in same state prior to applying in New Mexico?

☐ Yes
☐ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 36.5.1.30 NMAC?

☐ Yes
☐ No

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by any professional licensing authority?

☐ Yes
☐ No

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or institution?

☐ Yes
☐ No

* Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes
☐ No

* Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or such a claim yourself?

☐ Yes
☐ No

* Education Information
Provide information about your Dental Schooling.

Institution Name	Degree/Diploma	Start Date	Completion Date	Action
[Redacted]				Add New

* Person Specialty
Please enter details for these specialties: Radiography, Rubber Cup Coronal Polishing, Topical Fluoride, P/E Resin Sealant.

Institution Name	Specialty Area	Start Date	Completion Date	Action
[Redacted]				Add New

* Person Experience
Provide Information about your Experience

Employer Name	Start Date	End Date	Action
[Redacted]			Add New

[Save for Later](#) [Previous](#) [Next](#)

- On the Upload Documents page, attach all requested and relevant documents to their designated column.

RLD Intake

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- Questions
- Upload Documents**
- Attestation
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* CDA DANB Certificate	Certificate of completion for "Certified Dental Assistant" from "Dental Assisting National Board"			
* Training Certificate / Experience Letter	Completion certificate of Radiation Health and Safety within the last 36 months OR a signed letter from a Dentist/Hygienist stating you have assisted or observed in five full mouth Intra oral radiograph series.			
* Dental Assistant School or Affidavit from Dentist/Dental Hygienist	Study by Independent preparation or in a training course on radiation health and safety within the past 36 months. Affidavit should specify that you have assisted with or observed five cases of full mouth Intra oral radiographic series or five extra oral radiographs If you are applying for a limited certificate			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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- a. Select the blue upload icon in each section to upload a document.

RLD Intake

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- Basic Information
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- Upload Documents**
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* CDA DANB Certificate	Certificate of completion for "Certified Dental Assistant" from "Dental Assisting National Board"			
* Training Certificate / Experience Letter	Completion certificate of Radiation Health and Safety within the last 36 months OR a signed letter from a Dentist/Hygienist stating you have assisted or observed in five full mouth Intra oral radiograph series.			
* Dental Assistant School or Affidavit from Dentist/Dental Hygienist	Study by Independent preparation or in a training course on radiation health and safety within the past 36 months. Affidavit should specify that you have assisted with or observed five cases of full mouth Intra oral radiographic series or five extra oral radiographs If you are applying for a limited certificate			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

- b. Review the document size and type requirements before uploading, then select the Upload File button.

Upload

Please attach a copy of the required document.

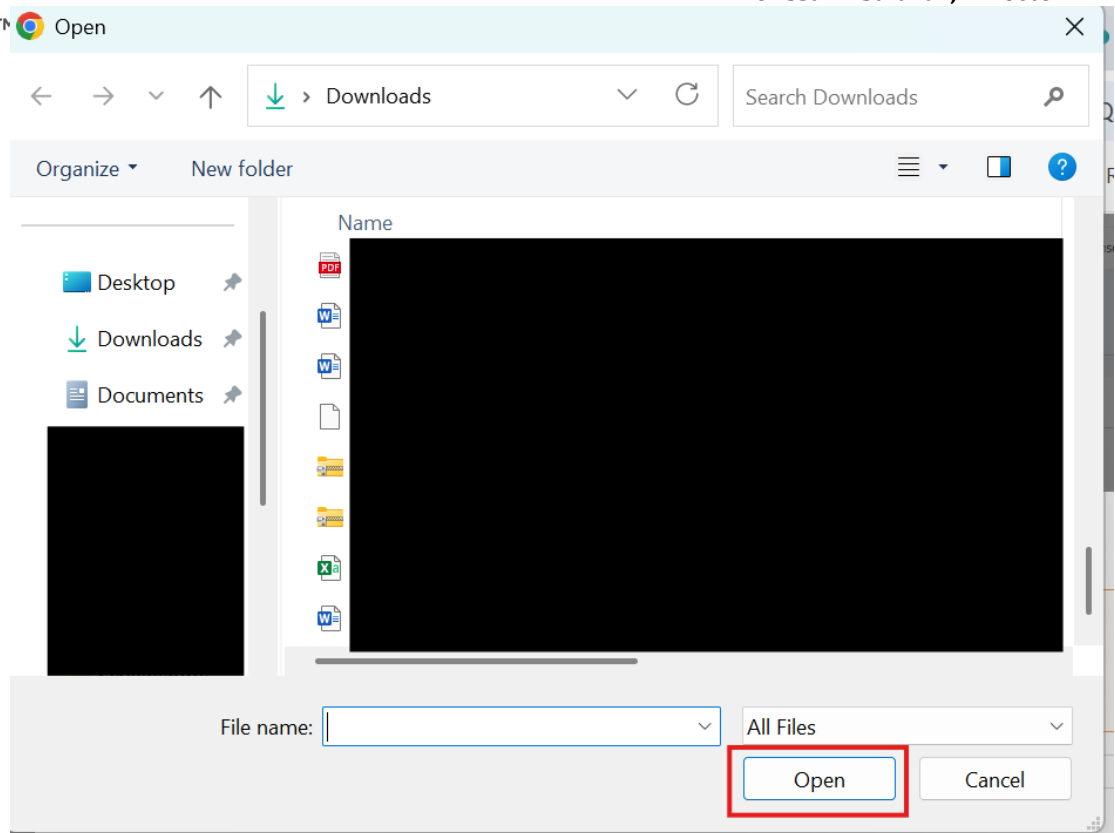
Note from:

- File size should not exceed 2MB
- File extensions will be accepted only of type doc, docx, pdf, jpeg, tiff, png, bmp, xls, xlsx
- Documents may be submitted as individual files or as a single merged file on the next page.

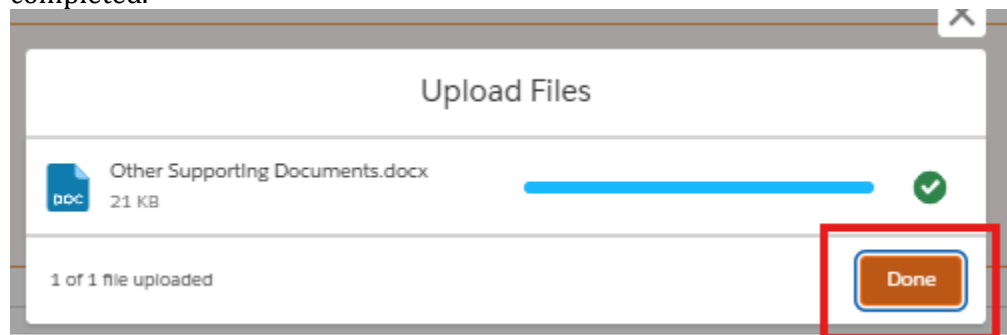
 Upload File  Drop File

Cancel

- c. Select the appropriate document from your files and then select "Open"



- d. The file will notify you when it's completed. Select the "Done" button when it's completed.



- e. You will be able to see your document added and can then select the "Close" option.



- f. You will be able to see the documents in each section once you have completed the uploads.

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- Upload Documents**
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* CDA DANB Certificate	Certificate of completion for "Certified Dental Assistant" from "Dental Assisting National Board"		Other Supporting Documents	
* Training Certificate / Experience Letter	Completion certificate of Radiation Health and Safety within the last 36 months OR a signed letter from a Dentist/Hygienist stating you have assisted or observed in five full mouth Intra oral radiograph series.			
* Dental Assistant School or Affidavit from Dentist/Dental Hygienist	Study by Independent preparation or in a training course on radiation health and safety within the past 36 months. Affidavit should specify that you have assisted with or observed five cases of full mouth Intra oral radiographic series or five extra oral radiographs if you are applying for a limited certificate			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later Previous Next

g. For **Reciprocity**, your document requirements will be as shown in the image below.

RLD Intake

- Pre-Screening
- Introduction
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- Jurisprudence Exam
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* CDA DANB Certificate	Certificate of completion for "Certified Dental Assistant" from "Dental Assisting National Board"		Other Supporting Documents	
* Training Certificate / Experience Letter	Completion certificate of Radiation Health and Safety within the last 36 months OR a signed letter from a Dentist/Hygienist stating you have assisted or observed in five full mouth Intra oral radiograph series.		Other Supporting Documents	
* Dental Assistant School or Affidavit from Dentist/Dental Hygienist	Study by Independent preparation or in a training course on radiation health and safety within the past 36 months. Affidavit should specify that you have assisted with or observed five cases of full mouth Intra oral radiographic series or five extra oral radiographs if you are applying for a limited certificate		Other Supporting Documents	
* Active License(s) from Other State(s)	Official verification of active License(s) in similar profession in another State(s). Photocopy of license is not acceptable.			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later Previous Next

h. For **Military**, your document requirements will be as shown in the image below.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* CDA DANB Certificate	Certificate of completion for 'Certified Dental Assistant' from 'Dental Assisting National Board'		Other Supporting Documents	
* Active License(s) from Other State(s)	Official verification of active License(s) in similar profession in another State(s). Photocopy of license is not acceptable.			
* Military Document	For active military members: a copy of military orders. For veterans (retired or separated): proof of honorable discharge such as a copy of DD Form 214, DD Form 215, DD Form 256, DD Form 257, NGB Form 22, military ID card, a driver's license or state ID card with a veteran's designation, or other documentation verifying honorable discharge			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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Next

- i. Once all documents are added, select the orange "Next" button.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* CDA DANB Certificate	Certificate of completion for 'Certified Dental Assistant' from 'Dental Assisting National Board'			
* Training Certificate / Experience Letter	Completion certificate of Radiation Health and Safety within the last 36 months OR a signed letter from a Dentist/Hygienist stating you have assisted or observed in five full mouth Intra oral radiograph series.			
* Dental Assistant School or Affidavit from Dentist/Dental Hygienist	Study by Independent preparation or in a training course on radiation health and safety within the past 36 months. Affidavit should specify that you have assisted with or observed five cases of full mouth Intra oral radiographic series or five extra oral radiographs if you are applying for a limited certificate			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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Next

10. 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, upon receipt, read the New Mexico Dental Health Care 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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11. 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**

- 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.

Note: Payment is 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.

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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 \$ [REDACTED]

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

[Save for later](#) [Previous](#) [Pay and Submit](#)

- c. Ensure all required fields are completed and click "Next" button to proceed through entire payment.

Billing **Payment** **Review** **Receipt**

Billing Information

* Required field

First Name *

Last Name *

Company Name

Address Line 1

City

Country/Region

United States of America

State/Province

New Mexico

Zip/Postal Code

Phone Number *

Email *

Next

[Cancel Order](#)

Your Order

Total amount \$ [REDACTED]

12. Once your payment is completed, 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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- Questions
- Uploaded Documents
- Attestation
- Payment**

Payment

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

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13. 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](#)