



Board of Dental Health Care

Dental Hygienist Application User Guide

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Application for Dental Hygienist

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

1. The first question of the **Pre-Screening** asks if you hold a license anywhere other than New Mexico. If you select “**No**” using the radio button, you may then proceed using the “**Start Application**” button.

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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.

Save for later Start Application

2. If you do hold a Dental Hygienist 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.

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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

3. In the **Introduction** step, read the information carefully, then click **Next**.

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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

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

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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

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Next

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- a. 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 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

- 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 County (If in New Mexico)

Cancel Save

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 2: Select Your Board and Application Type” to continue.

- b. 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.

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

Licensure Information (Reciprocity and Military)

If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional Application section for **Licensure Information**.

- A. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

RLD Intake

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.

Add New

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
123456	Alabama	01/01/2020	12/31/2025	▼

- B. 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

Select Issuing State/Territory ▼

* Issue Date

* Expiration Date

Cancel Save

- C. 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 the options listed.

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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
Add New				

▼ **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

▼

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

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

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▼ **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.

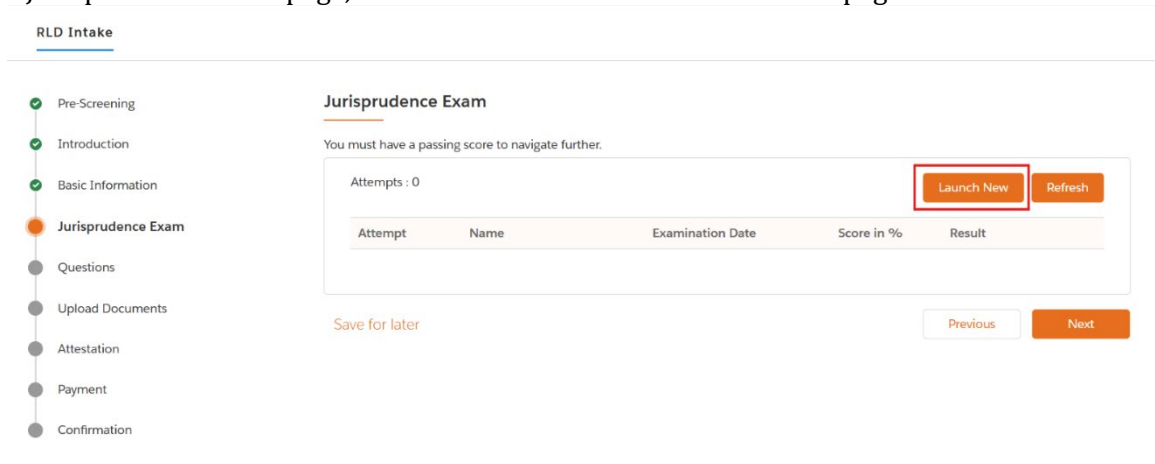
* Military Status

Active Duty

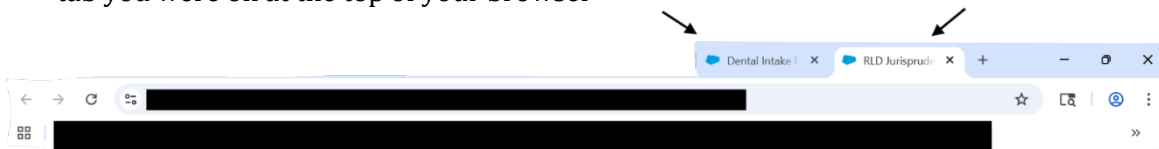
In order to determine if you satisfy for expedited military licensure under state law, you will be required to submit documents to show your status as a military service member, veteran, or military spouse or child; as well as information of your current license in good standing.

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

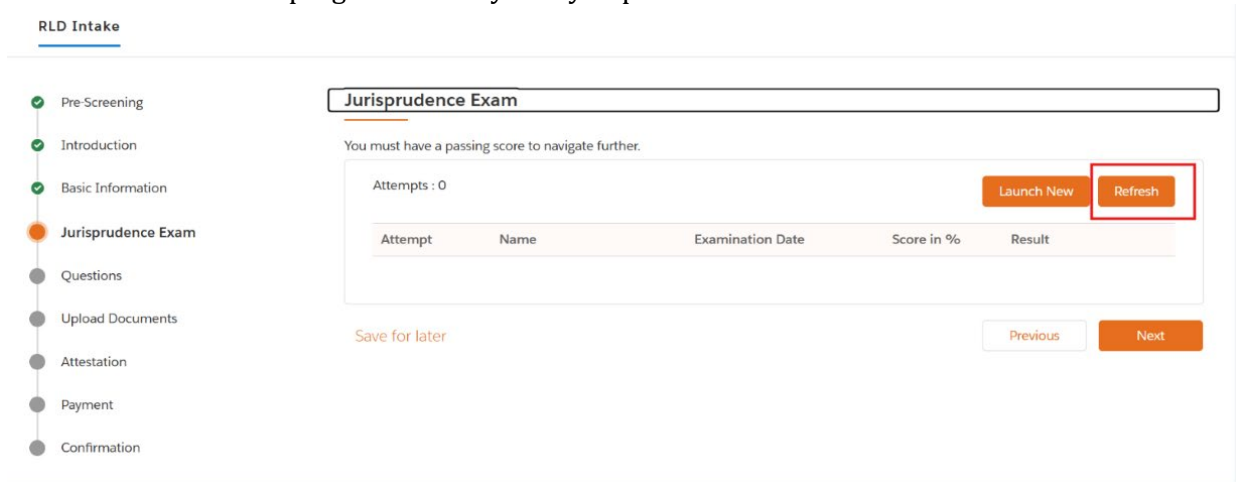
5. On the Jurisprudence Exam page, select the “Launch New” button on the page.



- 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

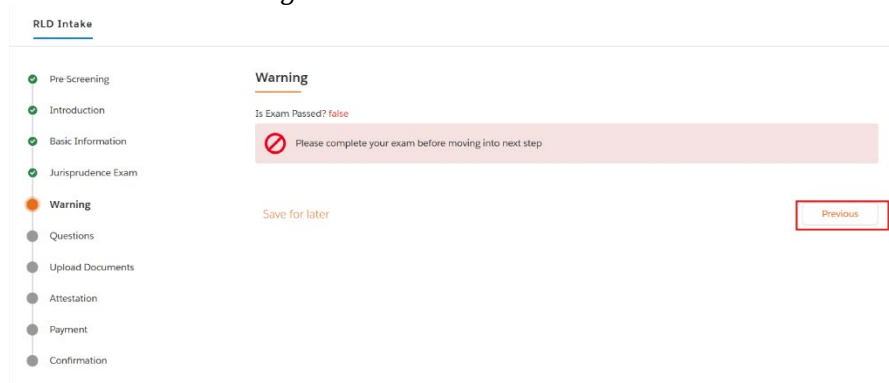


- b. You will be able to view the attempt you made at the exam by selecting the orange “Refresh” button at the top right and verify that you passed.

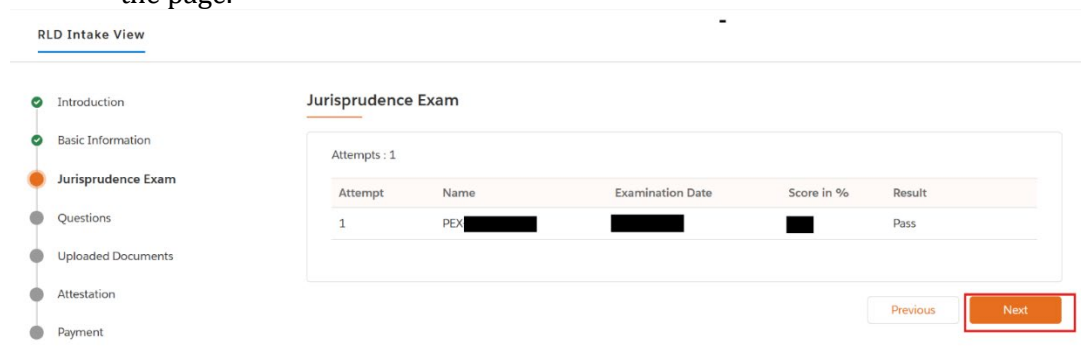


- c. If you have not passed you will not be able to continue the application.

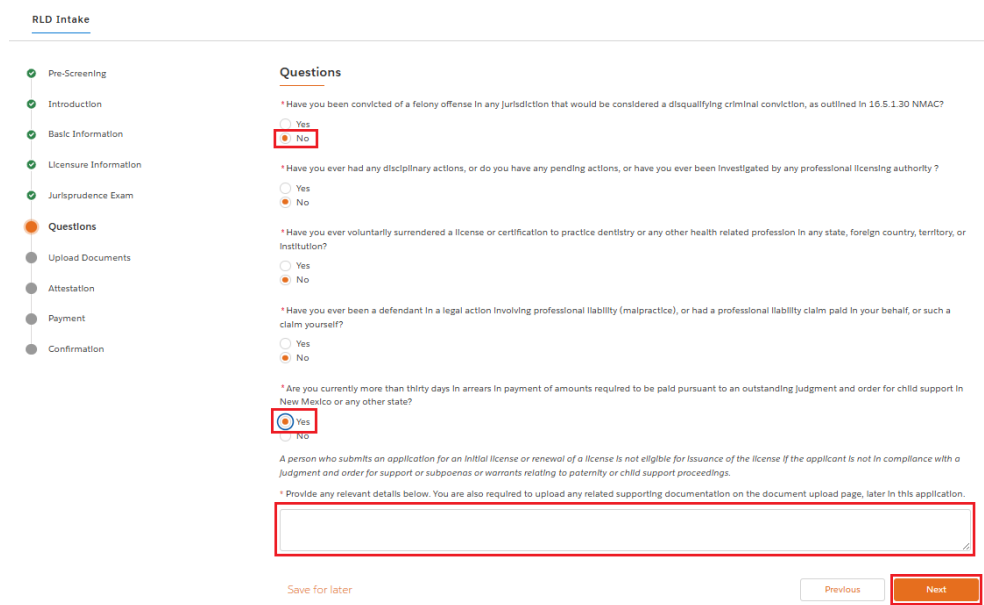
Note: You can make multiple attempts of the exam to receive a passing grade. To make a new attempt select the “Launch New” button again.



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



6. In the **Questions** step, please answer every question, as they are all required to be answered to proceed to the next page. Selecting “**Yes**” to any answer in this section will populate an additional text field for you to **Provide Any Relevant Details**. You will have an opportunity to upload **Supporting Documents** in a later section of the application. Once completed, click the **Next** button and proceed.



7. In the **Uploaded Documents** section, click the blue **“Upload”** icon to begin select 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	Upload a New File	Uploaded Files	Delete
* Current Cardiac Pulmonary Resuscitation (CPR) or Basic Life Support (BLS) Card	Proof of current basic life support (BLS) or cardiac pulmonary resuscitation (CPR) certification accepted by the American heart association, the American red cross; or the American safety and health Institute (ASHI); cannot be a self-study course			
* Transcript with Degree	Transcripts of the Hygiene Educations completed with conferred date			
* National Board Exam Results	Copy of national board examination score card or certificate			
* Clinical Exam Results	Clinical Exam Results are accepted from following Testing Agencies: WREB, CRDTS, CDCA/NERB, SRTA, ADEX/CITA			
* National Practitioner Data Bank Report				
* Background Report (B&B Report)				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			
Infection Control Course Certificate	Proof of course completion in Infection control technique or graduation from dental hygiene school within the past 12 months (transcripts). Please upload copy of Infection Control Course Certificate if the transcript does not include it.			

Save for later

Previous Next

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

Upload

Please attach a copy of the required document.

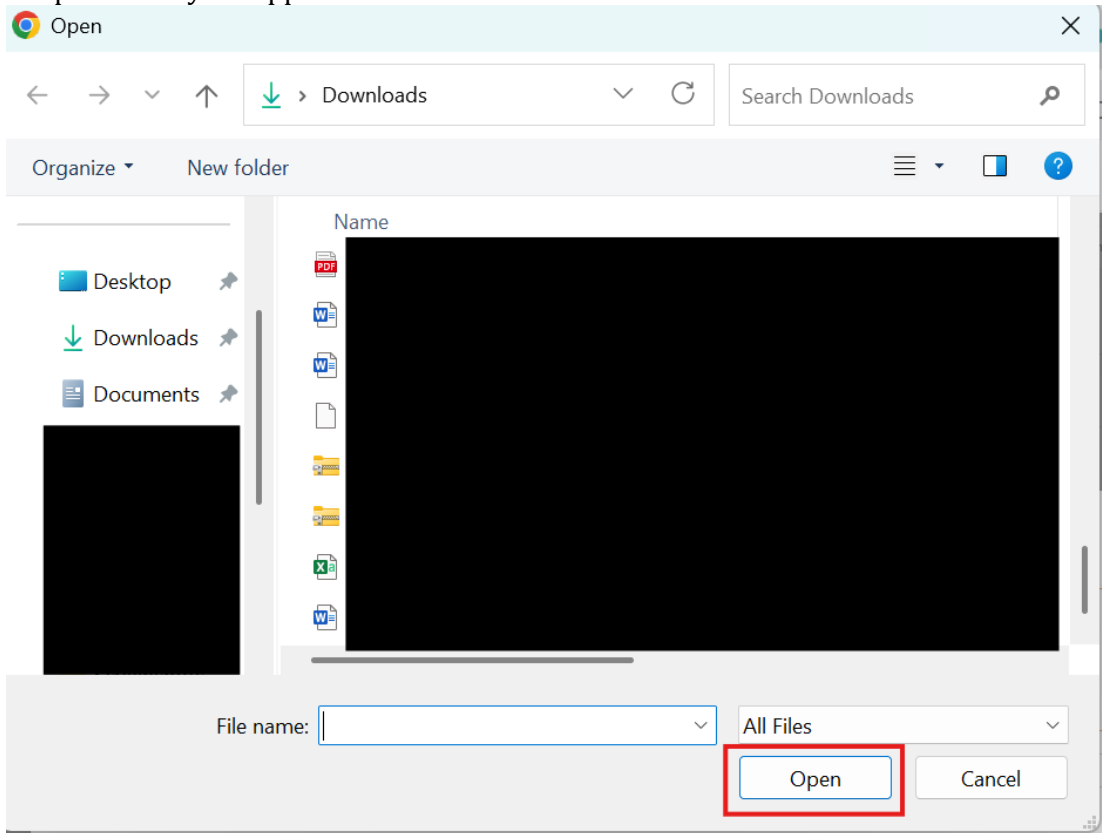
Note that:

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

 Or drag files

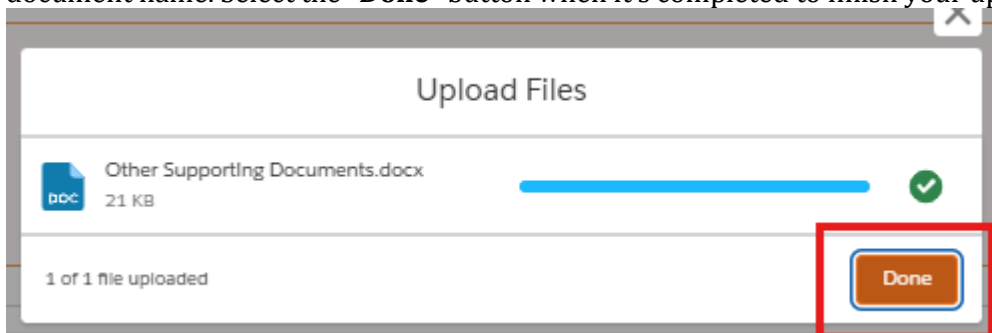
Close

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

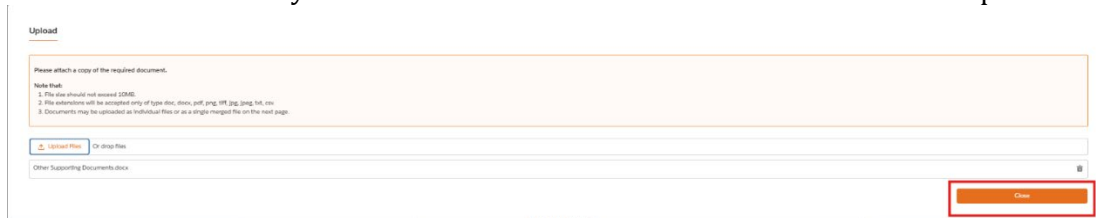


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you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

10. 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.



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



Upload

Please attach a copy of the required document.

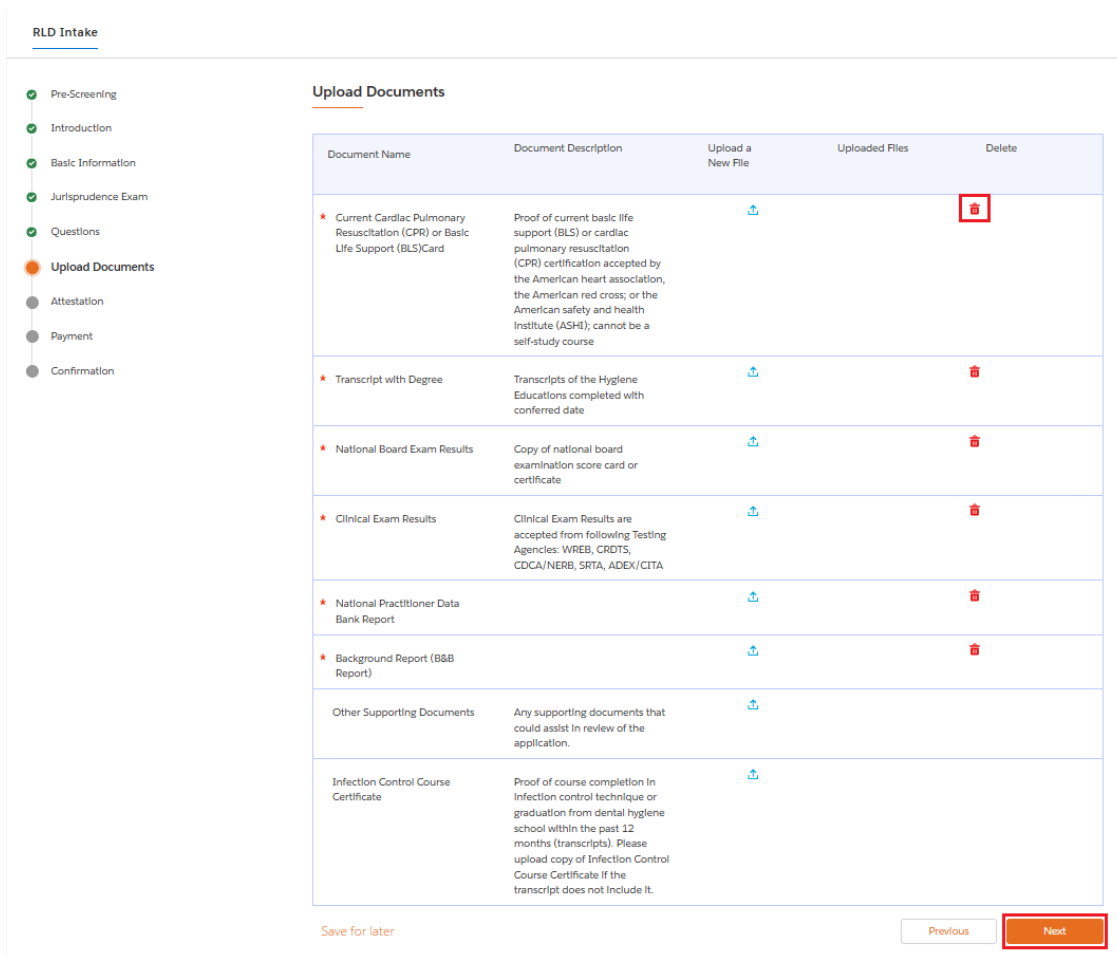
Note: Files should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, jpg, jpeg, tiff, xlsx.
3. Documents may be submitted as individual files or as a single merged file on the next page.

Upload Files Or drag files

Other Supporting Documents.docx

Close

12. 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 it from your application.



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Upload Documents

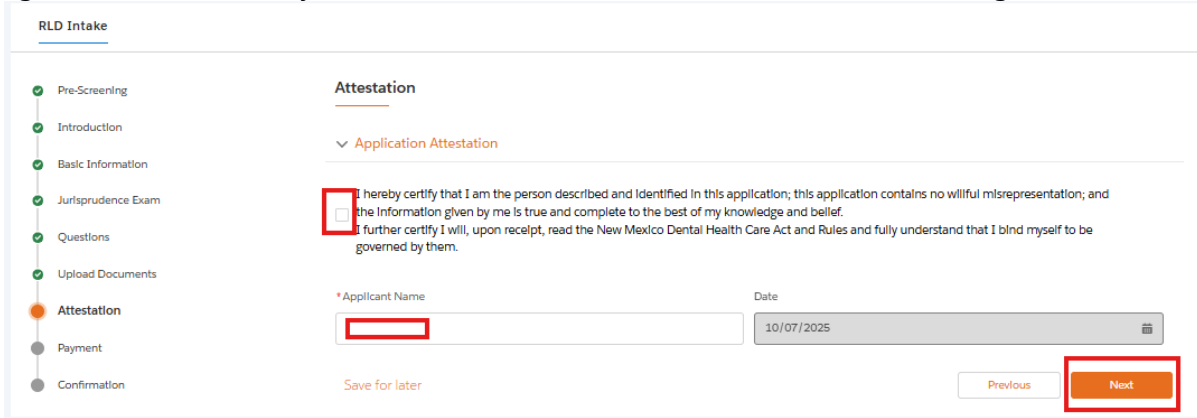
Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Current Cardiac Pulmonary Resuscitation (CPR) or Basic Life Support (BLS) Card	Proof of current basic life support (BLS) or cardiac pulmonary resuscitation (CPR) certification accepted by the American heart association, the American red cross; or the American safety and health Institute (ASHI); cannot be a self-study course			
* Transcript with Degree	Transcripts of the Hygiene Educations completed with conferred date			
* National Board Exam Results	Copy of national board examination score card or certificate			
* Clinical Exam Results	Clinical Exam Results are accepted from following Testing Agencies: WREB, CRDTS, CDCA/NERB, SRTA, ADEX/CITA			
* National Practitioner Data Bank Report				
* Background Report (B&B Report)				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			
Infection Control Course Certificate	Proof of course completion in Infection control technique or graduation from dental hygiene school within the past 12 months (transcripts). Please upload copy of Infection Control Course Certificate if the transcript does not include it.			

Save for later

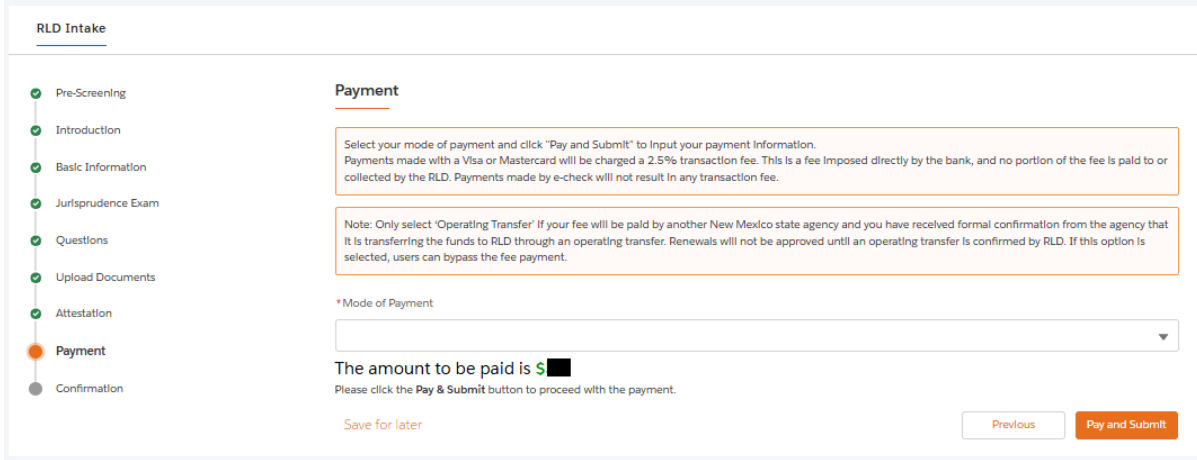
Previous Next

13. Repeat steps 9-14 until all required documents (*) have been uploaded. Then click the “Next” button to proceed.

14. 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.



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



- a. **Military Applications DO NOT** require payment.
- b. 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 * [REDACTED]

Last Name * [REDACTED]

Company Name [REDACTED]

Address Line 1 [REDACTED]

City [REDACTED]

Country/Region [United States of America]

State/Province [New Mexico]

Zip/Postal Code [REDACTED]

Phone Number * [REDACTED]

Email * [REDACTED]

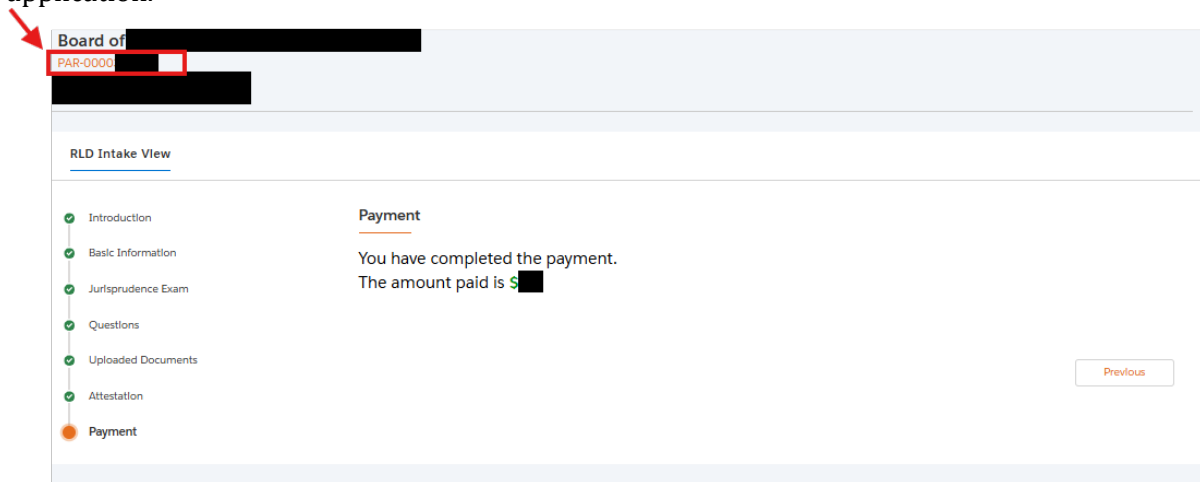
[Cancel Order](#)

[Next](#)

Your Order

Total amount \$ [REDACTED]

16. 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.



The screenshot shows the 'RLD Intake View' page. At the top, there is a header with 'Board of' followed by a redacted name and 'PAR-0000' followed by a redacted number. Below this is a progress bar with steps: Introduction, Basic Information, Jurisprudence Exam, Questions, Uploaded Documents, Attestation, and Payment. The 'Payment' step is highlighted with an orange circle. To the right of the progress bar, the text reads: 'Payment', 'You have completed the payment.', and 'The amount paid is \$' followed by a redacted amount. A 'Previous' button is located at the bottom right of the page.

17. 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