



Board of Dental Health Care

Dental Therapist

Application Manual

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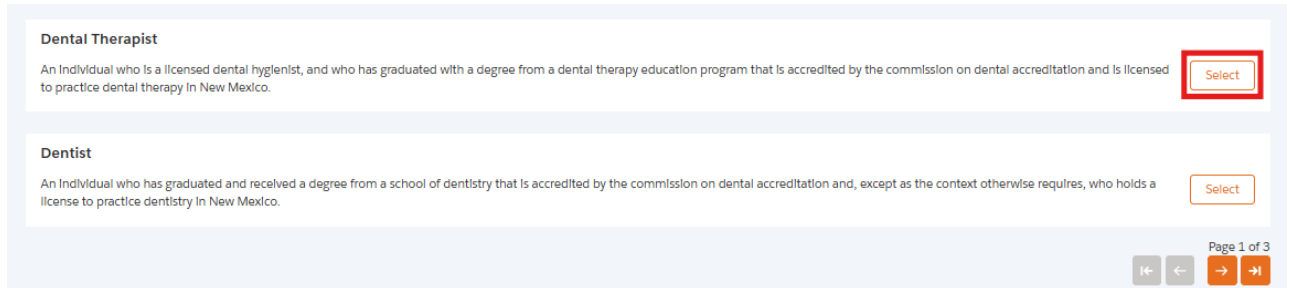
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BOARD OF DENTAL HEALTH CARE APPLICATION MANUAL

Application for Dental Therapist

- Click the “Select” button to the right of the Dental Therapist license type.
* You must hold an active Dental Hygienist license to apply for this license. *

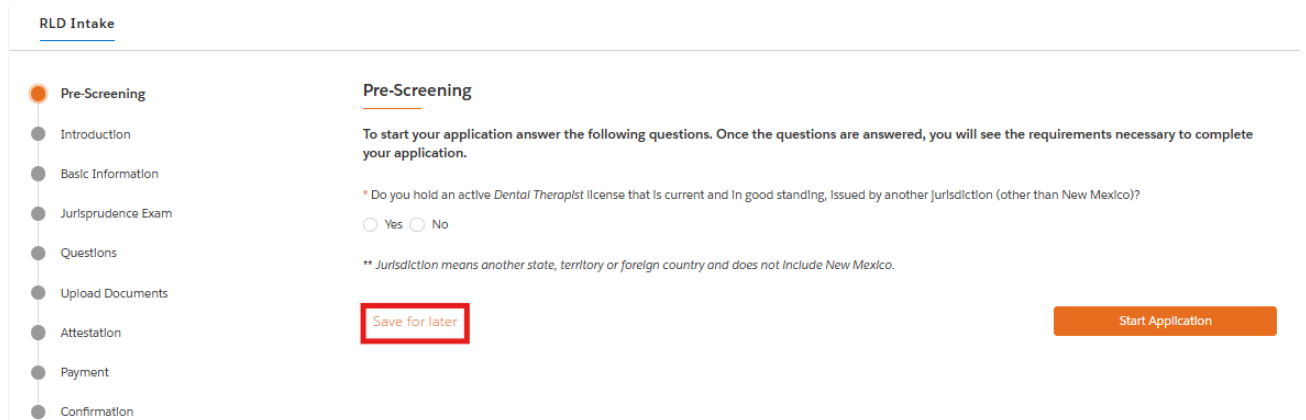


Dental Therapist
An Individual who is a licensed dental hygienist, and who has graduated with a degree from a dental therapy education program that is accredited by the commission on dental accreditation and is licensed to practice dental therapy in New Mexico. Select

Dentist
An Individual who has graduated and received a degree from a school of dentistry that is accredited by the commission on dental accreditation and, except as the context otherwise requires, who holds a license to practice dentistry in New Mexico. Select

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- 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.



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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 Therapist* 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

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

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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 Therapist 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 Therapist 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 Therapist 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:

- o 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;
- o 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
- o 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. 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.

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

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Basic Information

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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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- 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.

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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.

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

- 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

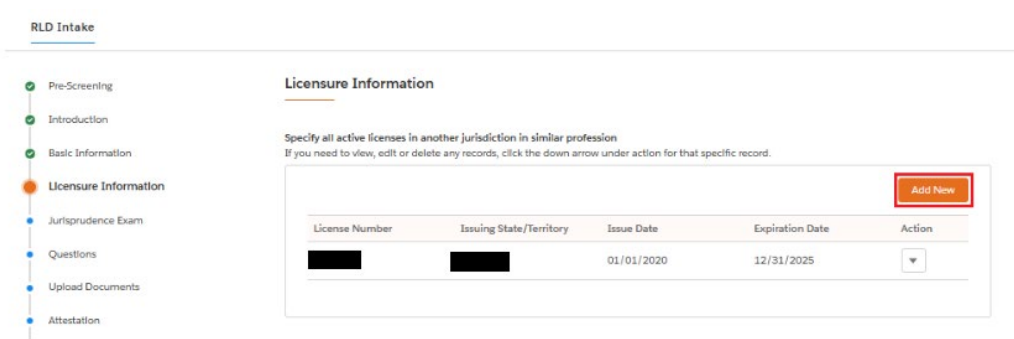
*City State/Province

Country *Zip Code County (If in New Mexico)

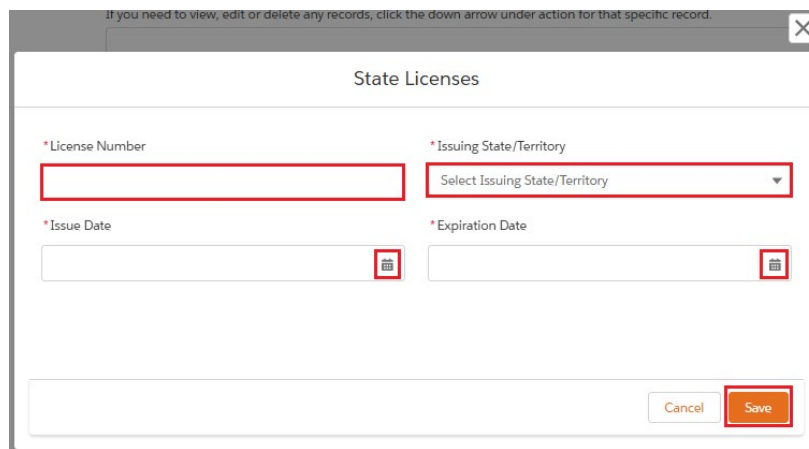
Cancel **Save**

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Select Dental Therapist 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.



- 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**”.



- 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

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

✓ **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

-- 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.

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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.

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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.

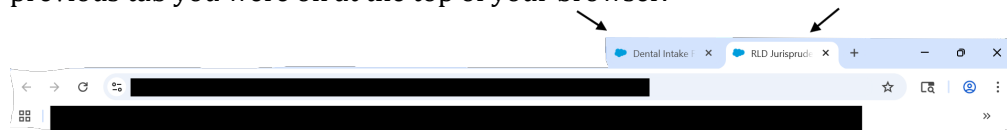
Attempts : 0

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.

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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				

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- 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.

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Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 1

Launch New Refresh

Attempt	Name	Examination Date	Score In %	Result
1	PEX-0000			Fail

Save for later

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

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Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 2

Launch New Refresh

Attempt	Name	Examination Date	Score In %	Result
2	PEX-0000			Pass
1	PEX-0000			Fail

Save for later

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8. On the Questions page, please answer all questions accurately with the most recent information. Please provide any relevant details in the box below any questions marked with “Yes.” You are also required to upload any related documentation and other supporting documents on the Uploaded Documents page, later in this application.



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Questions

* Have you appeared for and passed the clinical exam?

☐ Yes

Dental Hygienist License Number

[REDACTED]

Dental Hygienist License Expiration Date

[REDACTED]

* 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

List details of the dentist(s) who are collaborating with you in a supervisory capacity.

Upload signed affidavit from supervising dentist (can be found on the NMRLD website).

* Dental Supervisor Information

Add New

Supervisor Name	Supervisor License Number	Start Date	End Date	Action
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Save for later

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- To add new Dental Supervision Information: Select the “Add New” button at the top the section.

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Questions

* Have you appeared for and passed the clinical exam?

☐ Yes

Dental Hygienist License Number

Dental Hygienist License Expiration Date

* 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

List details of the dentist(s) who are collaborating with you in a supervisory capacity.
Upload signed affidavit from supervising dentist (can be found on the NMRLD website).

* Dental Supervisor Information

Supervisor Name	Supervisor License Number	Start Date	End Date	Action
Add New				

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

a. Search Dentist by name, select a Supervisor, and click Save & Next.

* Provide any relevant details below. You are also required to upload any related documentation as other supporting documents for this application.

Supervisor Information

Search Dentist

[Search](#)

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

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

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Questions

* Have you appeared for and passed the clinical exam?

☒ Yes

* Date of Clinical Exam * Name of Testing Agency.

Result of the exam are valid in New Mexico for a period not to exceed five (5) years. If applying by credential five (5) year period does not apply.

Dental Hygienist License Number

Dental Hygienist License Expiration Date

* 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

List details of the dentist(s) who are collaborating with you in a supervisory capacity.
Upload signed affidavit from supervising dentist (can be found on the NMRLD website).

* Dental Supervisor Information

Supervisor Name	Supervisor License Number	Start Date	End Date	Action
				Add New

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

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* 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.			
* Dental Therapy Practice Agreement				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

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

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* 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.			
* Dental Therapy Practice Agreement				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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- 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 that:

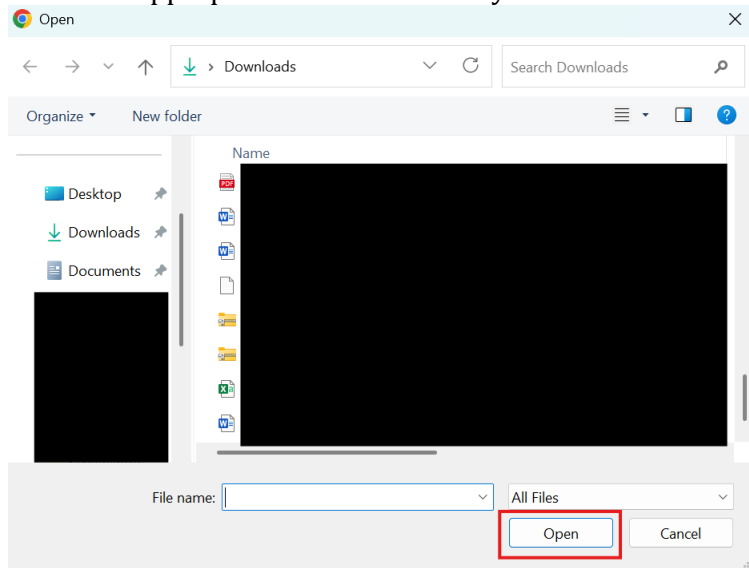
- 1. File size should not exceed 2MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, jpg, gif, jpeg, tiff, xls, xlsx.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

 Upload File

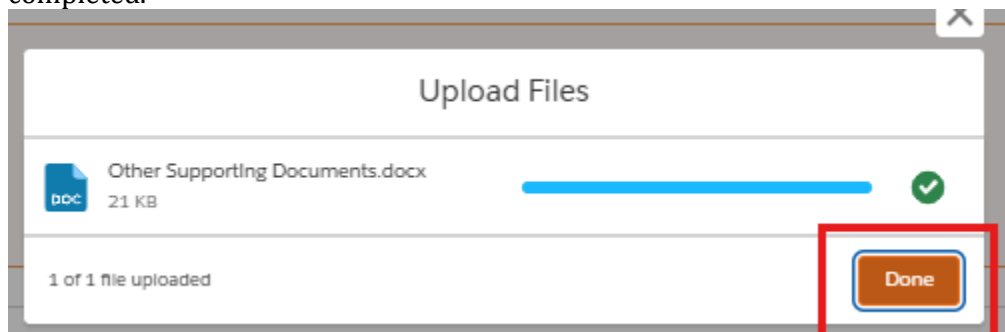
 Drop File

Close

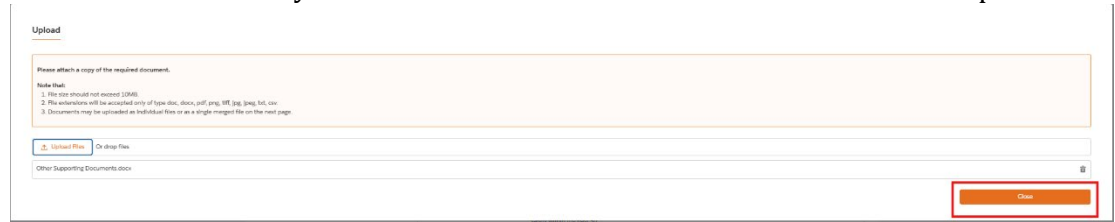
- c. Select the appropriate document from your files and then select "Open"



- 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.



Upload

Please attach a copy of the required document.

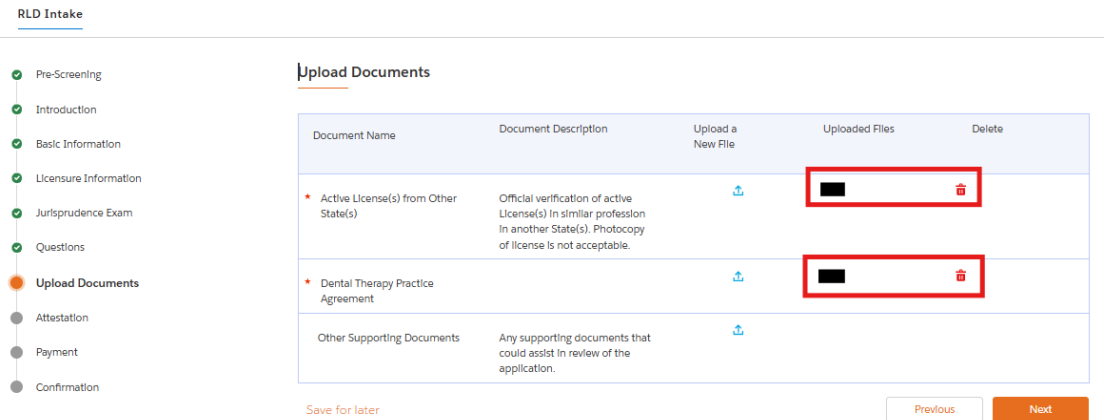
Note: Files:

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

Or drag files

Other Supporting Documents.docx

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



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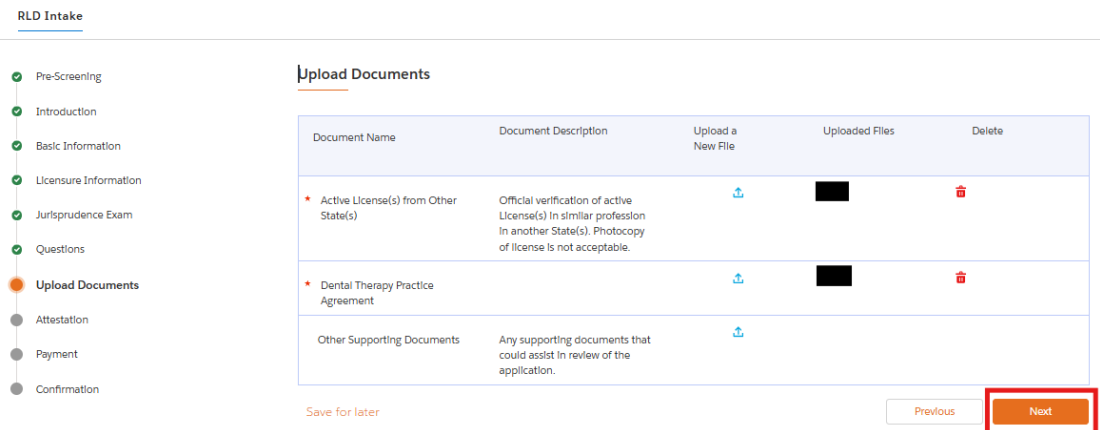
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* 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.			
* Dental Therapy Practice Agreement				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

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- g. Once all documents are added, select the orange “Next” button.



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Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* 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.			
* Dental Therapy Practice Agreement				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

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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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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

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

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- Questions
- Upload Documents
- Attestation
- Payment**
- 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](#) [Previous](#) [Pay and Submit](#)

- 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.*

RLD Intake

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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 *

[Cancel Order](#) [Next](#)

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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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](#)