



Board of Dental Health Care

Expanded Function Dental Auxiliary

Application User Guide

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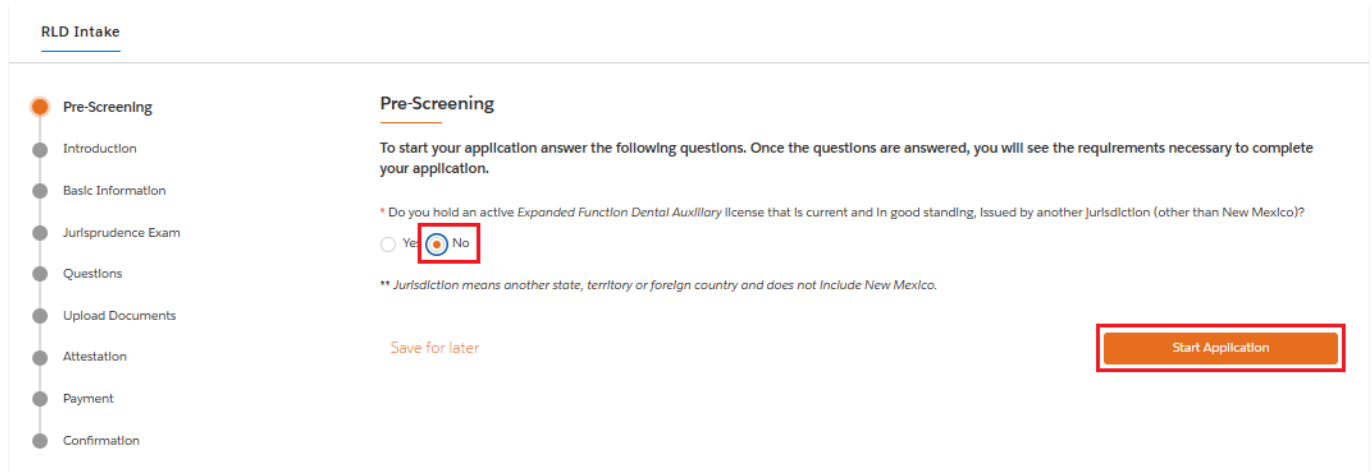
Application for Expanded Function Dental Auxiliary

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Application for Expanded Function Dental Auxiliary

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.



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.

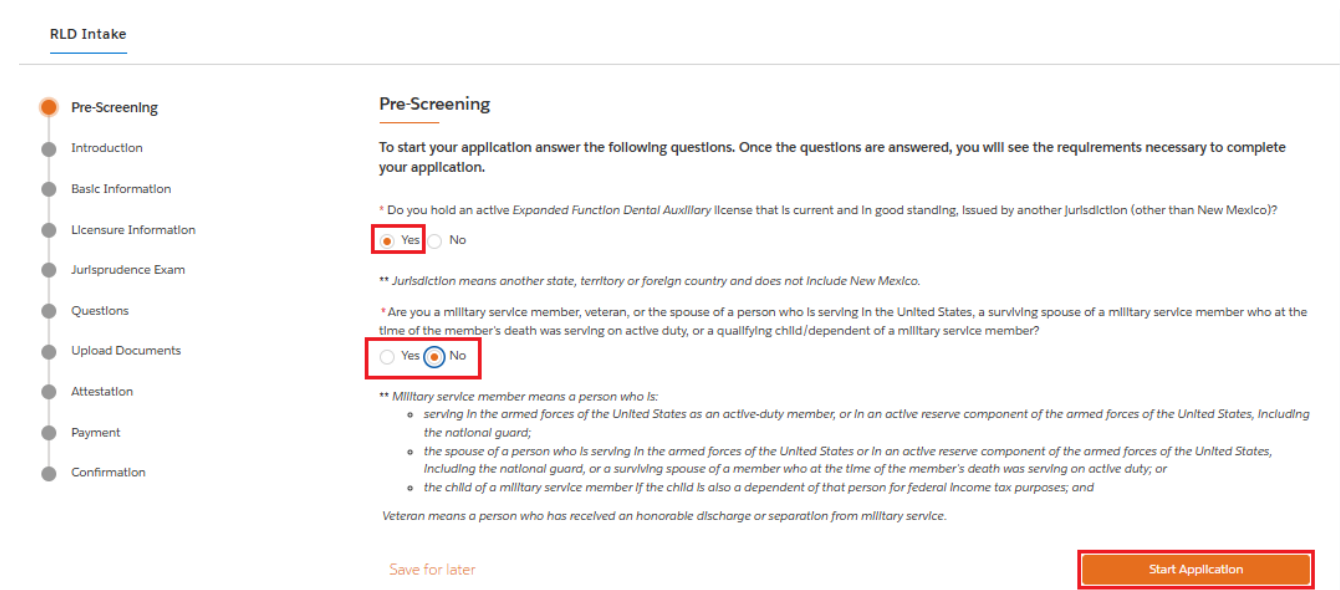
* Do you hold an active Expanded Function Dental Auxiliary license that is current and in good standing, issued by another Jurisdiction (other than New Mexico)?

☐ 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.



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 Expanded Function Dental Auxiliary 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



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**

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

RLD Intake

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

RLD Intake

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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, then return to your application and click **“Next”**.

My Profile

▼ **Person Information**

*First Name Middle Name *Last Name

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

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

*Date of Birth *Gender

*Primary Phone No Business Phone No

*Identifier Type *Identifier Number

SSN

▼ **Mailing Address**

*Mailing Street

*City State/Province

Country *Zip Code Country (If in New Mexico)

Cancel Save

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

RLD Intake

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Introduction
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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

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

- 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

* Issue Date

* Expiration Date

- 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.

RLD Intake

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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.

- 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](#)

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

RLD Intake

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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- a. A new **Tab** will open containing 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 your **Exam Score** by selecting the orange “**Refresh**” button at the top right. If you passed the exam, a ‘**Pass**’ will show under the **Result** section.

RLD Intake

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-0000117300	10/08/2025	100	Pass

Save for later

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- c. If you have not passed, you will receive a **Warning** and not be able to continue the application. Click **“Previous”** to go to the previous page and retake the **Jurisprudence Exam**.

RLD Intake

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

Is Exam Passed? **false**

 Please complete your exam before moving into next step

Save for later

Previous

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.

- 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
- Attestation
- Payment

Jurisprudence Exam

Attempts : 1

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

Previous **Next**

6. In the **Questions** section, your **Dental Assistant/Hygienist License** and the license **Expiration Date** will automatically populate in the grey boxes at the top. Please answer every question, as they are all required to proceed to the next page.

- Selecting “**Yes**” to Question 1 will create additional text fields for you to enter your **Certification Institution Name**, and the **Year of Certification**.
- Selecting “**Yes**” to Question 2 will create additional text fields for you to enter the **Date of Your Clinical Exam** in MM/DD/YYYY format, and the **Testing Agency** from the dropdown list.

RLD Intake

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

Dental Assistant/Dental Hygienist License Number

Dental Assistant/Dental Hygienist License Expiration Date

* Have you completed all required course(s) for Expanded Function Dental Auxiliary from a CODA accredited Institution?

☒ Yes
☐ No

* EFDA Program granting Certification Institution Name (CODA Accredited)

* EFDA Program Certification obtained Year

Enter the Year EFDA Program Certification was obtained (YYYY)

* Have you appeared for and passed the EFDA Clinical exam?

☒ Yes
☐ No

* Date of EFDA Clinical Exam

Result of the exam are valid in New Mexico for a period not to exceed five (5) years.

* Name of testing agency

* Have you practiced as a Dental Assistant or Dental Hygienist in New Mexico for 5 years with atleast 1000 work hours per year?

☐ Yes
☒ No

- Answer Question 3 by selecting either the “**Yes**” or “**No**” radio buttons.

- d. Selecting “**Yes**” to Questions 4-8 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. Selecting “**No**” to these questions will not create additional required fields.

* 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

* Provide any relevant details below. You are also required to upload any related documentation of the criminal case and disposition (e.g. decision and order, settlement, plea, etc.) as other supporting documents on the document upload page, later in this application.

* 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).

- e. Once Questions 1-8 have been answered, select “**Add New**” to begin adding your **Supervisor Information**.

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

Save for later
Previous
Next

- f. Enter your **Supervisor’s License Number** in the **Search Box**, then click “**Search**”.

Add New

Supervisor Name	Supervisor License Number	Start Date	End Date	Action

Supervisor Information

Search Dentist

Search
←

Cancel
Save & Next

- g. Use the **Supervisor dropdown** and select the **Full Name & License Number** of your **Supervisor**. Enter the **Start Date** and **End Date** of your Supervised period in MM/DD/YYYY format, then select “**Next**”.

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by the Board? ☐ Yes ☐ No

Supervisor Information

Search Dentist

Search

* Supervisor

* Start Date

End Date

Cancel **Save & Next**

- h. You'll then be prompted to upload your **Supervisor Information** as a document to your application. Select the “**Upload Files**” option to open your system's File Explorer and select the relevant document.

☒ Yes ☐ No

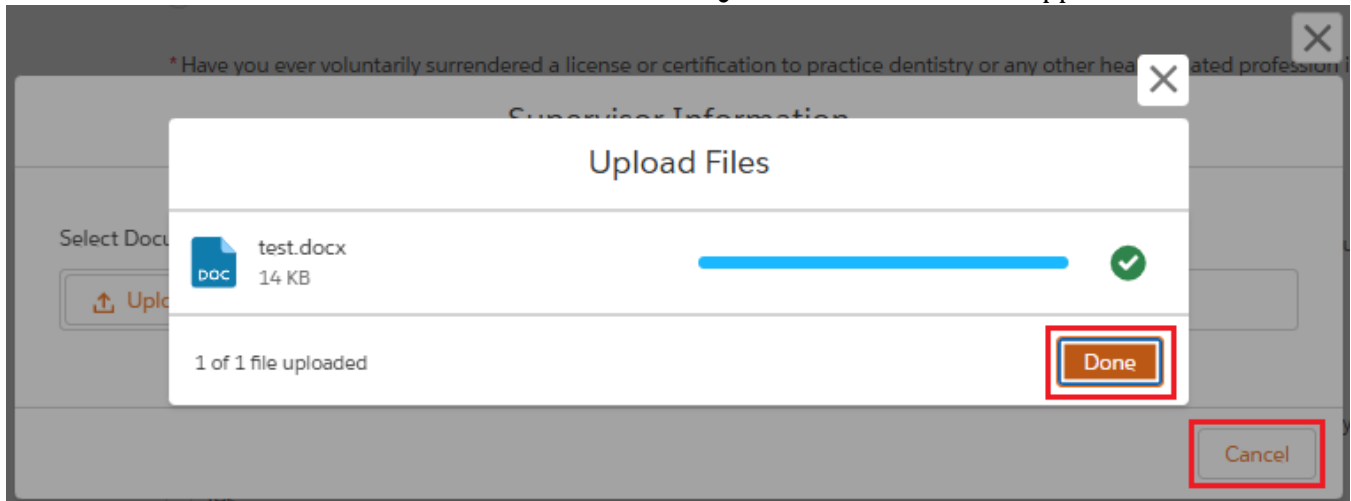
Supervisor Information

Select Document to Upload

Upload Files Or drop files

Cancel

- i. Select **“Done”** then **“Cancel”** to return to the **Questions** section of the Application.



- j. Use the Action dropdown if you need to **View**, **Edit**, or **Delete** your **Supervisor Entry**. If all the information looks correct, select the **“Next”** button to continue.

* 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
A	DD	10/1/202	10/1/202	View Edit Delete
T	DD	10/1/202	10/9/202	

Save for later

Previous **Next**

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
* Clinical Exam Results	Clinical Exam Results are accepted from following Testing Agencies: WREB, CRDTS, CDCA/NERB, SRTA, ADEX/CITA			
* EFDA Certificate or Transcript(s)				
* Affidavit of the supervising dentist	Affidavit letter from supervising Dentist(s)			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

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

Upload

Please attach a copy of the required document.

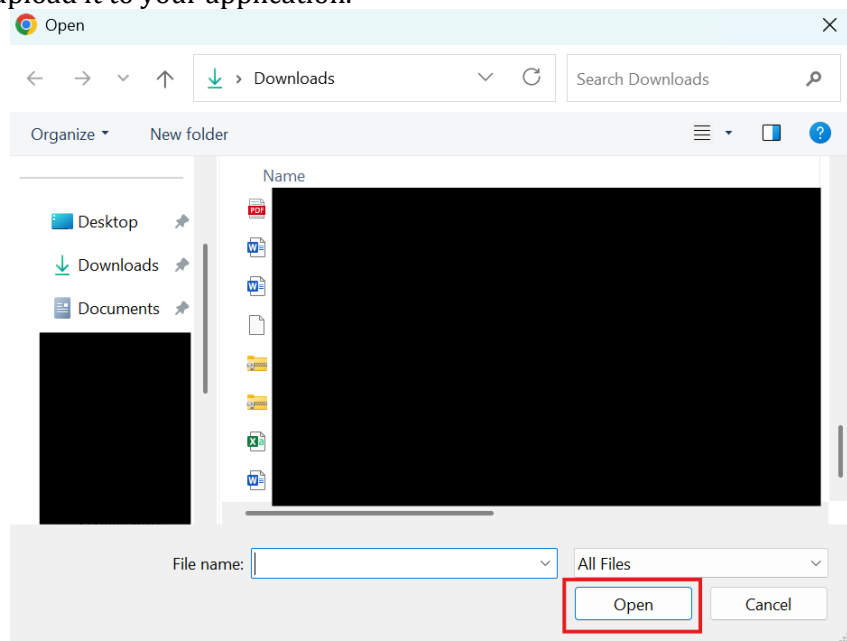
Note that:

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

 or drag files

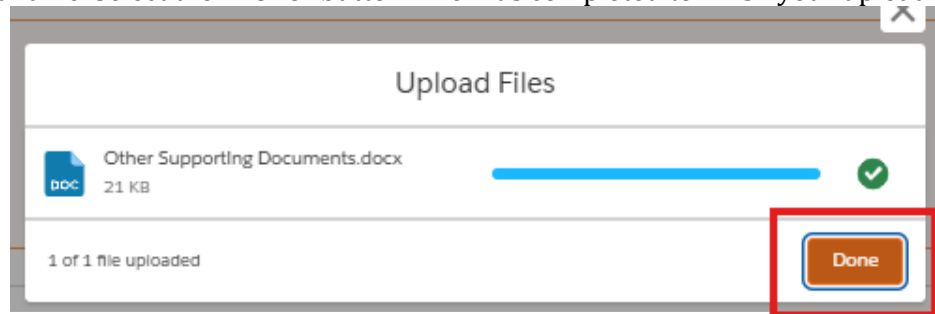
Close

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

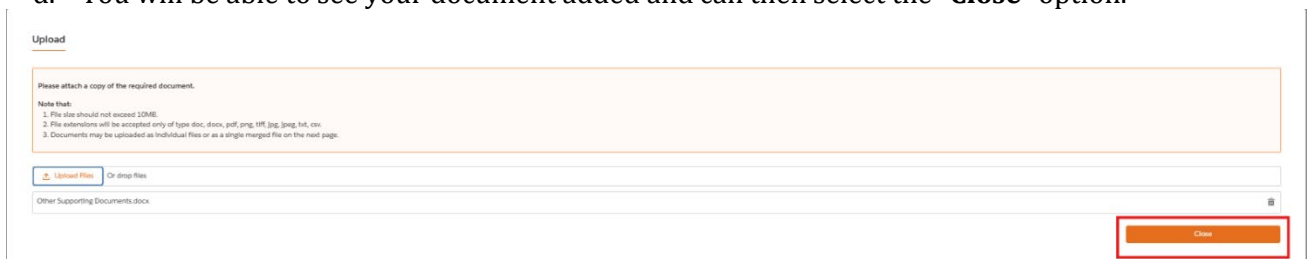


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you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

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



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



- e. You will be able to see the documents in each section once you have completed an upload. If you would like to remove any uploaded documents, you can click the red **“Trash Can”** icon to delete it from your application.

RLD Intake

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

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Clinical Exam Results	Clinical Exam Results are accepted from following Testing Agencies: WREB, CRDTS, CDCA/NERB, SRTA, ADEX/CITA		test	
* EFDA Certificate or Transcript(s)			test	
* Affidavit of the supervising dentist	Affidavit letter from supervising Dentist(s)		test	
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

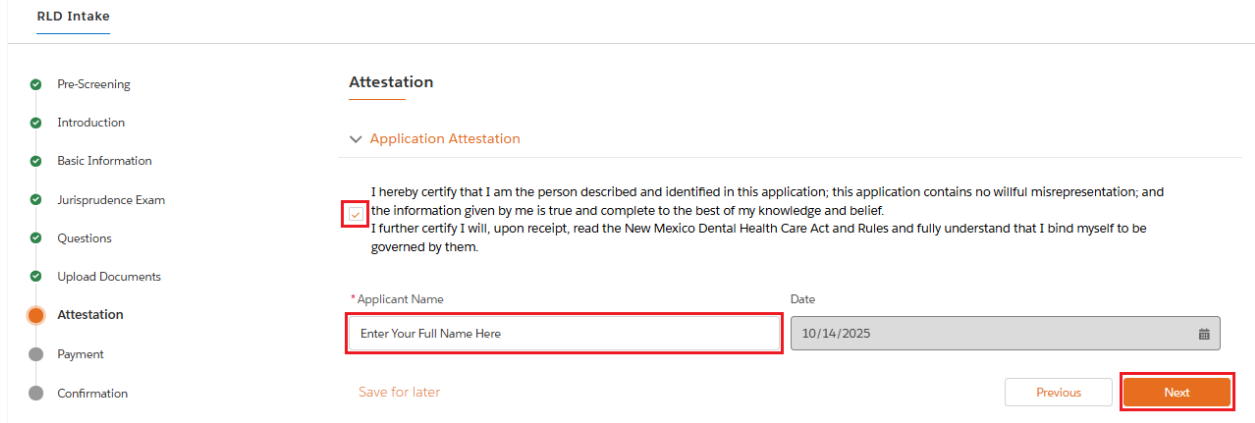
Save for later

Previous

Next

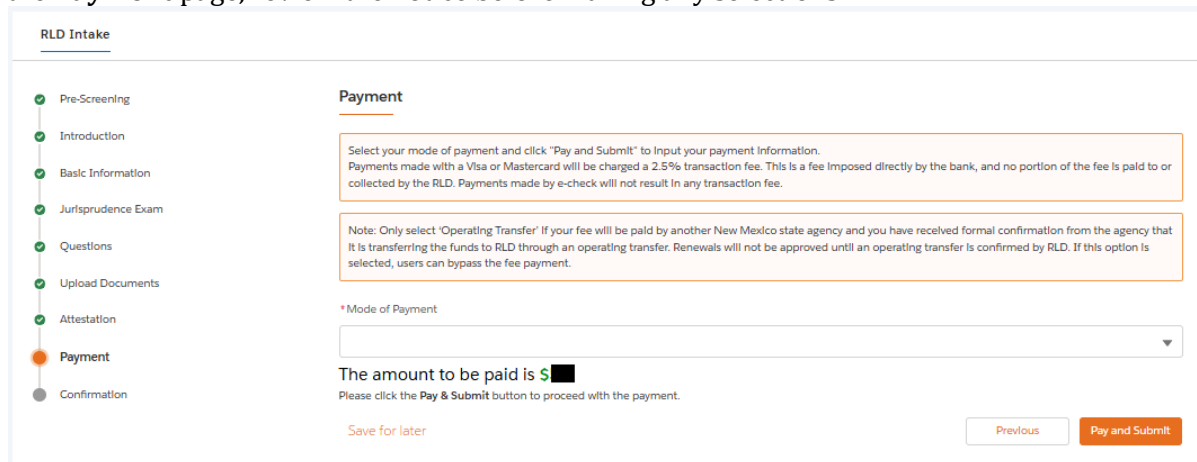
- f. Repeat steps 9-14 until all required documents (*) have been uploaded. Then click the **“Next”** button to proceed.

8. 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.



The screenshot shows the 'Attestation' page in the RLD Intake system. On the left, a vertical navigation bar lists steps: Pre-Screening, Introduction, Basic Information, Jurisprudence Exam, Questions, Upload Documents, **Attestation** (highlighted with an orange circle), Payment, and Confirmation. The main content area is titled 'Attestation' and contains a section 'Application Attestation'. It features a checkbox with a checkmark, followed by the text: '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.' Below this is a form for '* Applicant Name' with a red border and the placeholder 'Enter Your Full Name Here'. To the right is a 'Date' field with '10/14/2025' and a calendar icon. At the bottom, there are three buttons: 'Save for later', 'Previous', and 'Next' (highlighted with an orange border).

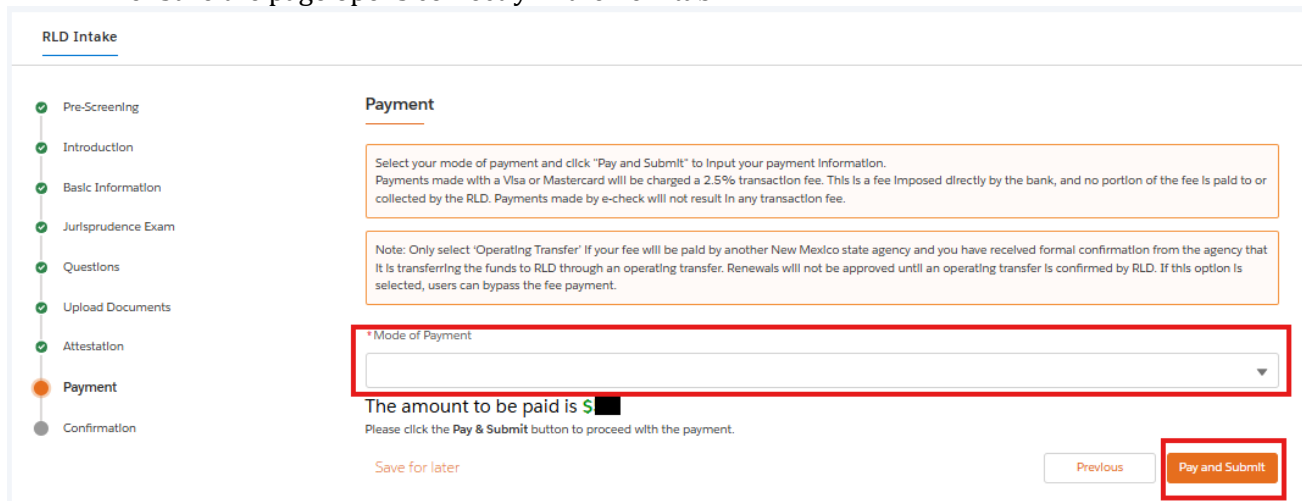
9. On the **Payment** page, review the notice before making any selections.



The screenshot shows the 'Payment' page in the RLD Intake system. The left navigation bar is identical to the previous page, with 'Payment' highlighted with an orange circle. The main content area is titled 'Payment' and contains two informational boxes. The first box states: '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.' The second box contains a note: '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.' Below these boxes is a dropdown menu for '* Mode of Payment'. Underneath, it says 'The amount to be paid is \$' followed by a blacked-out amount. A note below that says 'Please click the Pay & Submit button to proceed with the payment.' At the bottom, there are three buttons: 'Save for later', 'Previous', and 'Pay and Submit' (highlighted with an orange border).

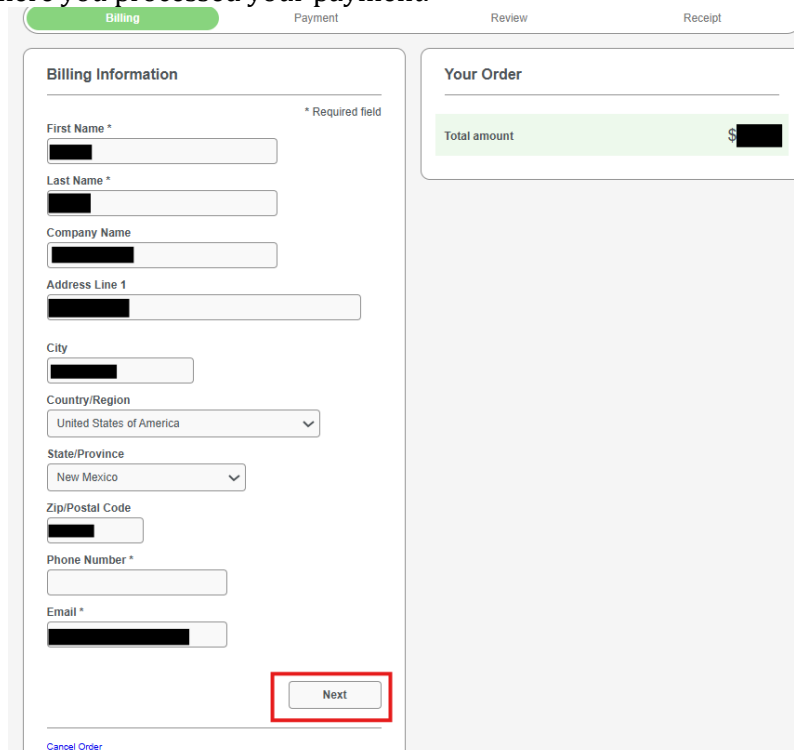
- a. **Military Applications DO NOT** require payment.

- 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.

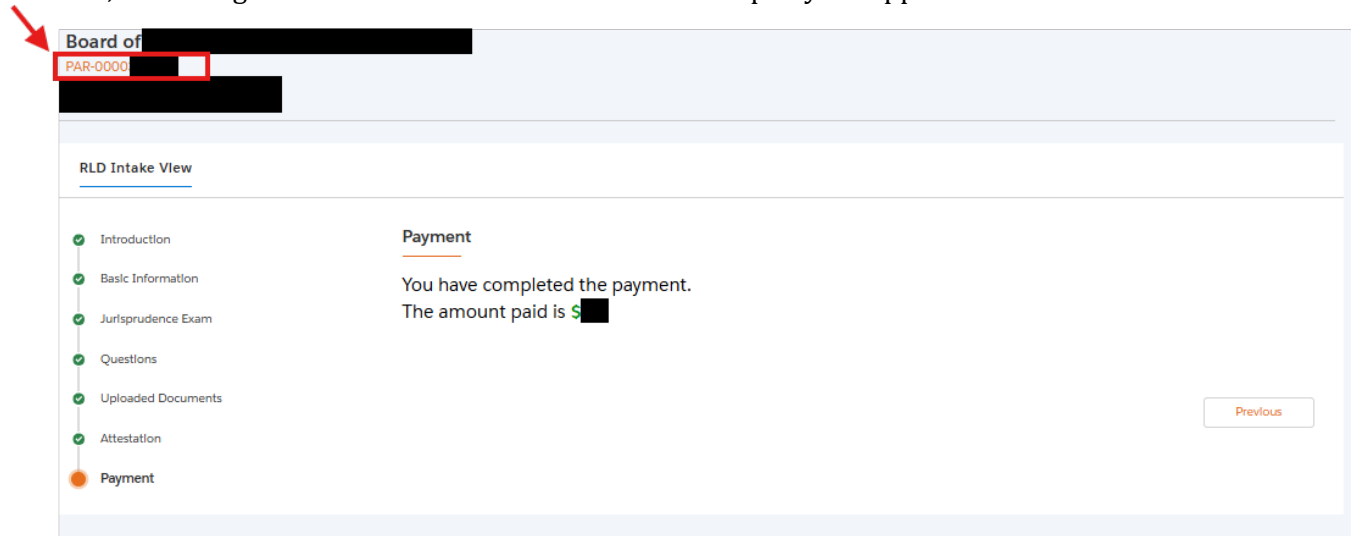


Note: Payment is a separate system, and your credit card info is not stored or saved by RLD. CyberSource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.

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



10. 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

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

Payment

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

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11. 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](#)