



Board of Acupuncture and Oriental Medicine

Externship Supervisor

Application Manual

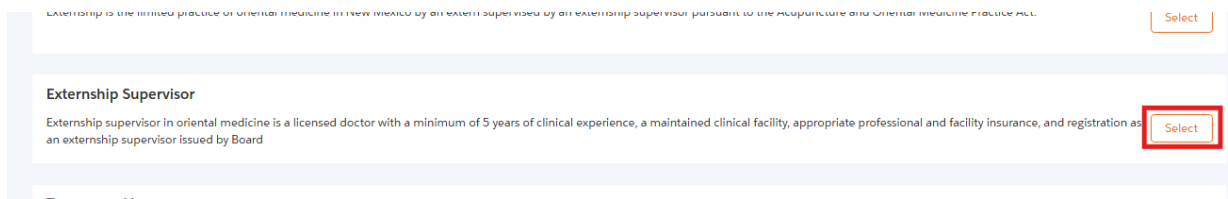
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Application for Externship Supervisor

- Click the “Select” button to the right of the Externship Supervisor license type.
* You must have an Active 'Doctor of Oriental Medicine' license in New Mexico to apply for the Externship Supervisor license. *

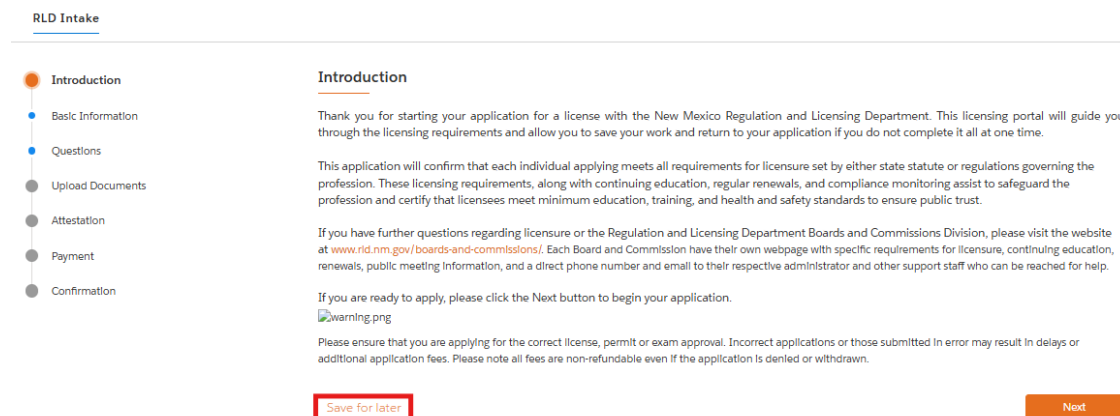


Externship Supervisor

Externship supervisor in oriental medicine is a licensed doctor with a minimum of 5 years of clinical experience, a maintained clinical facility, appropriate professional and facility insurance, and registration as an externship supervisor issued by Board

Select

- 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

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.

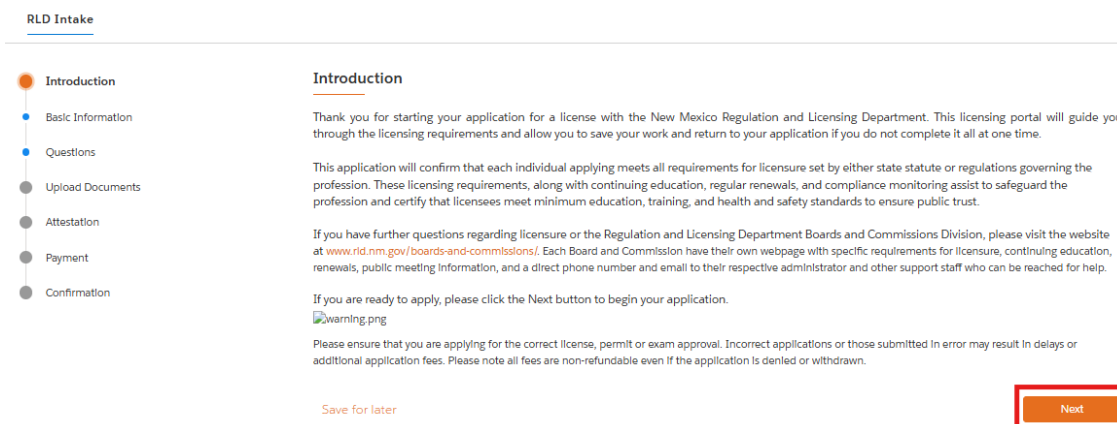
Warning.png

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

Next

- 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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Save for later

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**
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- Attestation
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- Confirmation

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

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

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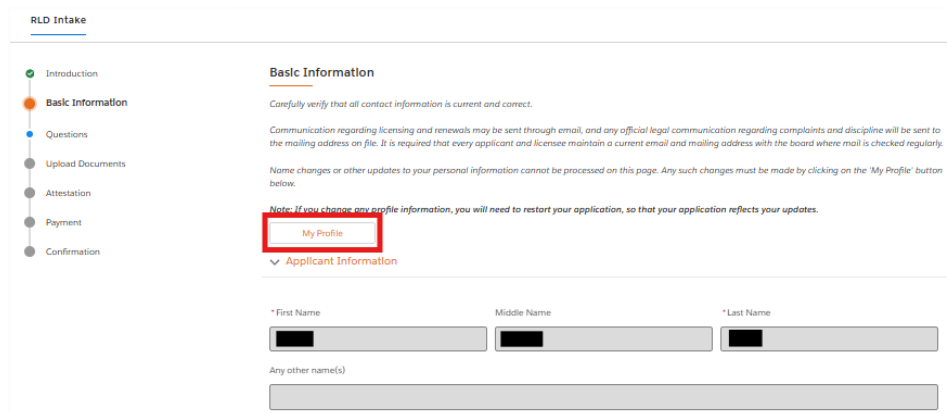
*Mailing City *Mailing State

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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My Profile

Applicant Information

* First Name Middle Name * Last Name

Any other name(s)

- 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

Mailing Address

*Mailing Street

*City *State/Province

*Country *Zip Code *County (if in New Mexico)

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

5. 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.

RLD Intake

Questions

*I attest that I have obtained and if requested, will provide proof of a minimum of five years clinical experience. “Clinical experience” is the practice of acupuncture and oriental medicine as defined in the act, after initial licensure, certification, registration, or legal recognition in any jurisdiction to practice acupuncture and oriental medicine. A year of clinical experience shall consist of not less than 500 patient hours of licensed acupuncture and oriental medical practice within a calendar year, seeing at least 25 different patients within that year. One patient hour is defined as one clock hour spent in the practice of oriental medicine with patients.

☐ Yes

*I have obtained, and if requested I will provide proof of appropriate professional and facility insurance.

☐ Yes

*I have read and agree to comply with the externship requirements outlined in 16.2.14 NMAC.

☐ Yes

*Have you been a party to litigation in any jurisdiction related to the practice of acupuncture and oriental medicine, or related to any other profession including other health care professions for which you were licensed, certified, registered or legally recognized to practice?

☐ Yes
☐ No

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

☐ Yes
☐ No

*Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.2.3.10 NMAC?

☐ Yes
☐ No

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

☐ Yes
☐ No

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

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

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Questions

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

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Upload Documents

All documentation should include an accurate translation in English of all documents submitted in a foreign language as outlined in 16.5.10 NMAC. Each translated document shall bear the affidavit of the translator certifying that the translation is a true and faithful translation of the foreign language original.

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Five (5) years clinical experience				
* Proof of maintaining a clinical facility				
* Proof of appropriate professional and facility insurance				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

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

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

RLD Intake

- ✓ Introduction
- ✓ Basic Information
- ✓ Questions
- **Upload Documents**
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- Payment
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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:

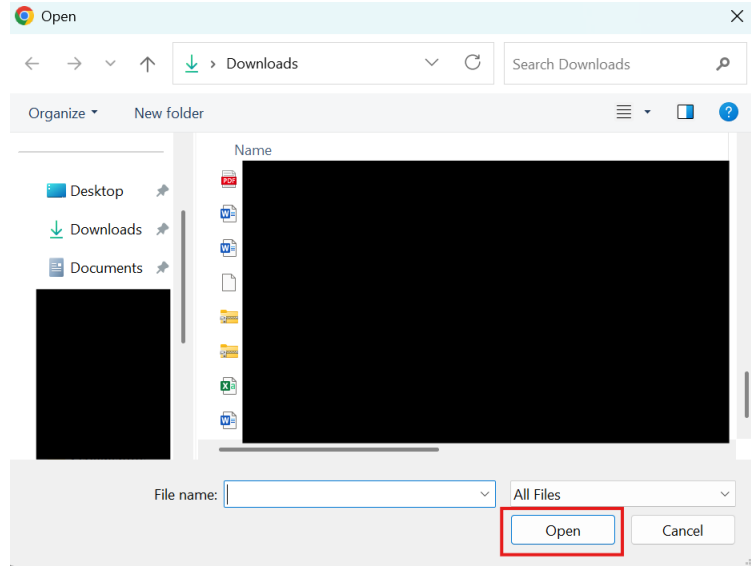
- 1. File size should not exceed 20MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, ttf, jpg, jpeg, gif, xls.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

 Select File

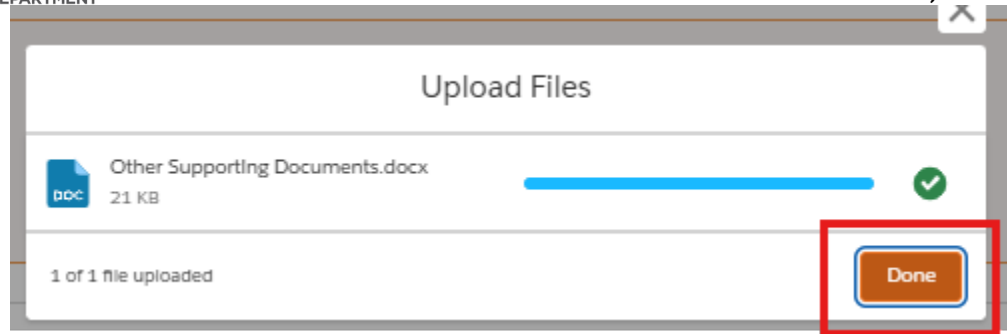
 Drop File

[Done](#)

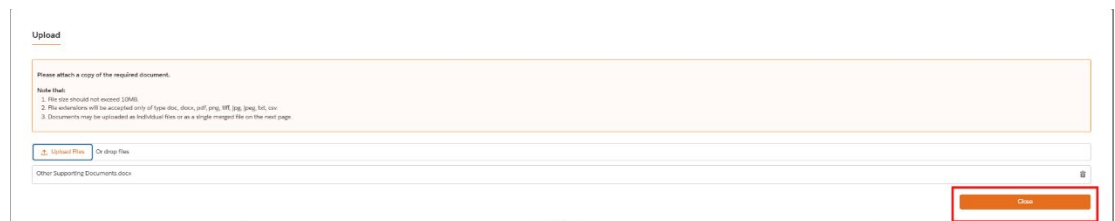
- c. Select the appropriate document from your files and then select “Open”



- 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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* Proof of appropriate professional and facility insurance				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

- 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
* Five (5) years clinical experience				
* Proof of maintaining a clinical facility				
* Proof of appropriate professional and facility insurance				
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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- 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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Next

- 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 \$

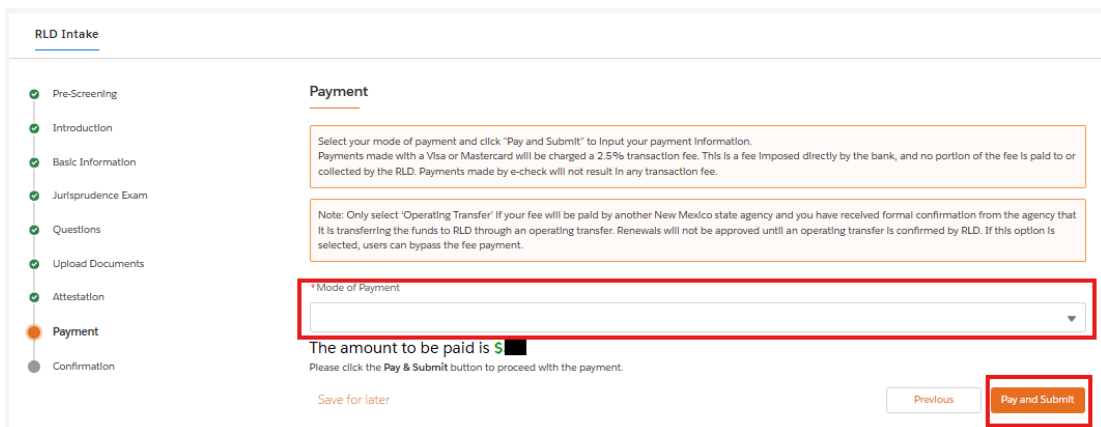
Please click the **Pay & Submit** button to proceed with the payment.

Save for later

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Pay and Submit

- a. 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.
- b. *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. 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

\$

9. 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

PAR-0000

RLD Intake View

Introduction

Basic Information

Jurisprudence Exam

Questions

Uploaded Documents

Attestation

Payment

Payment

You have completed the payment.

The amount paid is \$

Previous

10. 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](#)