



Board of Dental Health Care

Hygienist Collaborative

Application Manual

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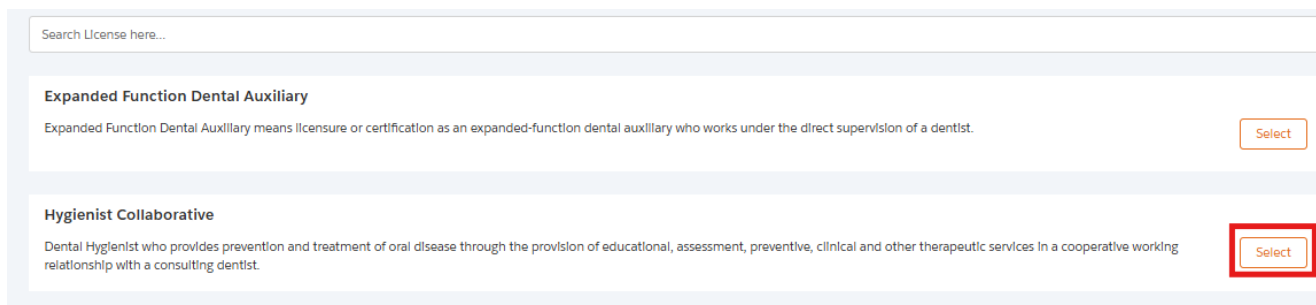
Application for Hygienist Collaborative

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BOARD OF DENTAL HEALTH CARE APPLICATION MANUAL

Application for Hygienist Collaborative

1. Click the “Select” button to the right of the Hygienist Collaborative license type.

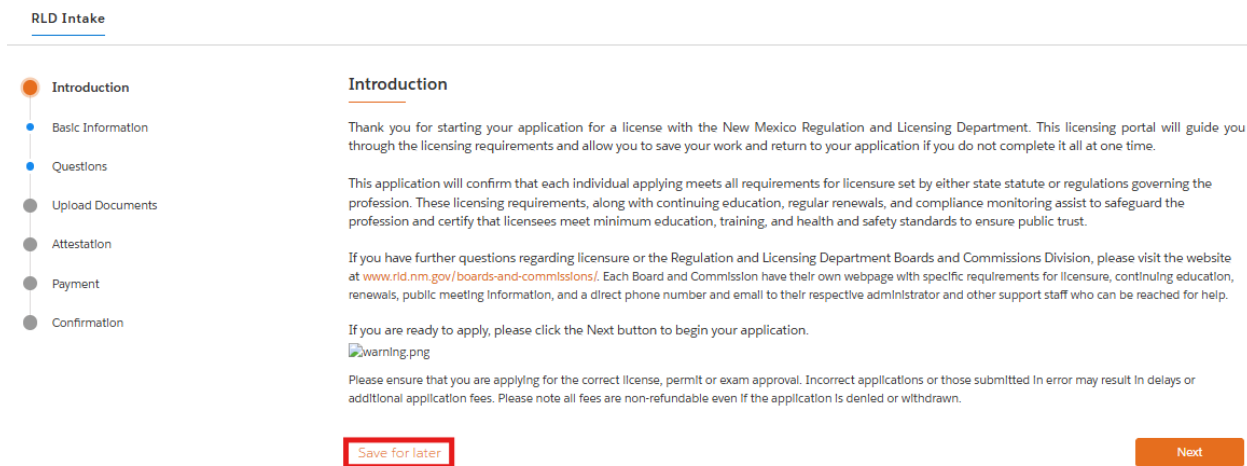


Search License here...

Expanded Function Dental Auxiliary
Expanded Function Dental Auxiliary means licensure or certification as an expanded-function dental auxiliary who works under the direct supervision of a dentist. Select

Hygienist Collaborative
Dental Hygienist who provides prevention and treatment of oral disease through the provision of educational, assessment, preventive, clinical and other therapeutic services in a cooperative working relationship with a consulting dentist. Select

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



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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 Next

3. 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.

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warning.png

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Save for later

Next

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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- 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.

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)

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

▼ **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)

[Cancel](#) [Save](#)

5. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Select Hygienist Collaborative Application” to continue.

6. On the Questions page, please review information before proceeding to the next step. To add new Dental Supervision Information: Select the “Add New” button at the top of the Dental Supervisor Information section.

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Questions

Dental Hygienist License Number
[Redacted]

Dental Hygienist License Expiration Date
[Redacted]

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
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Dropdown]

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

[Redacted]

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

Dental Hygienist License Number
[Redacted]

Dental Hygienist License Expiration Date
[Redacted]

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
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Dropdown]

Save for later Previous **Next**

7. 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
* Experience Letter	Statement from employer regarding hours of experience			
* Proof of Continuing Education	Proof of 15 hours of CE in the past 12 Months which include Medical Emergencies and Infection Control			
* 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			
* Collaborative Agreement	Signed Collaborative Agreement with the Consulting Dentist Agreement with protocol attached			
* Signed Collaborative Practice Agreements	Signed Collaborative Practice agreement with an active NM dentist.			
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.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Experience Letter	Statement from employer regarding hours of experience			
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Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later Previous Next

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



Upload

Please attach a copy of the required document.

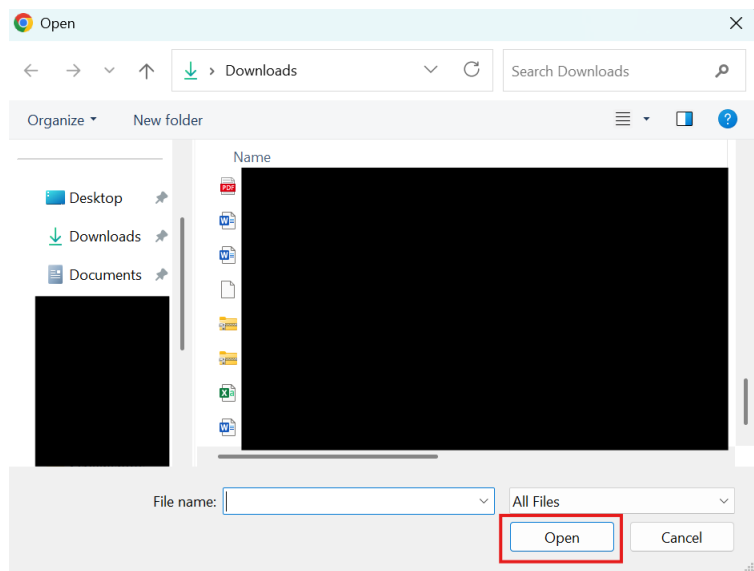
Note that:

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

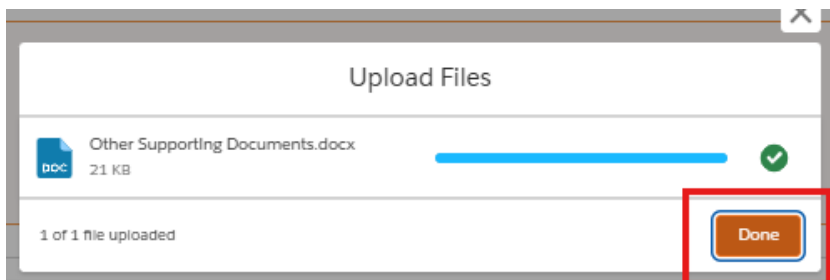
Upload Files Or drag files

Close

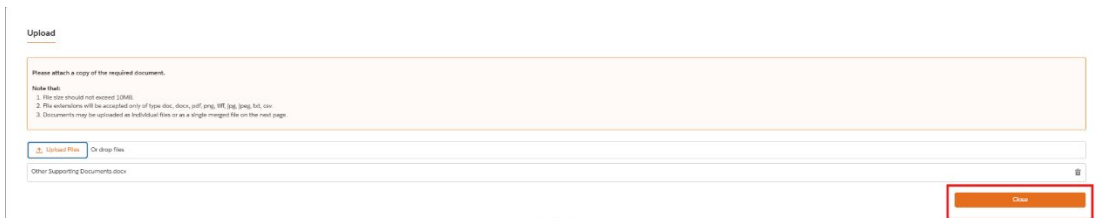
- c. Select the appropriate document from your files and then select “Open”



- 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 that:

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

Upload Files Or drag files

Other Supporting Documents.docx

Close

- 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
* Experience Letter	Statement from employer regarding hours of experience		test	
* Proof of Continuing Education	Proof of 15 hours of CE in the past 12 Months which include Medical Emergencies and Infection Control		test	
* 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		test	
* Collaborative Agreement	Signed Collaborative Agreement with the Consulting Dentist Agreement with protocol attached		test	
* Signed Collaborative Practice Agreements	Signed Collaborative Practice agreement with an active NM dentist.		test	
Other Supporting Documents	Any supporting documents that could assist in review of the application.		test	

Save for later

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

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Experience Letter	Statement from employer regarding hours of experience		test	
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* Signed Collaborative Practice Agreements	Signed Collaborative Practice agreement with an active NM dentist.		test	
Other Supporting Documents	Any supporting documents that could assist in review of the application.		test	

Save for later

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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.

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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

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

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Payment

Select your mode of payment and click "Pay and Submit" to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

The amount to be paid is \$

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

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

- 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.

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* 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](#)

- 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 \$

10. 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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- Jurisprudence Exam
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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](#)