



Board of Dental Health Care
Local Anesthesia Application User Guide



STATE OF NEW MEXICO
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Clay Bailey, Superintendent
Melissa D. Salazar, Director

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BOARD OF DENTAL HEALTH CARE APPLICATION MANUAL

Application for Local Anesthesia

1. Click the “Select” button to the right of the Local Anesthesia license type.

Note: You are required to hold an active Dental Hygienist License to apply for Local Anesthesia

Local Anesthesia

Local anesthesia may only be performed by dental hygienists who has been separately certified by the committee to perform the expanded function. The administration of local anesthesia requires the indirect supervision of a 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.

RLD Intake

Pre-Screening

- Introduction
- Basic Information
- Jurisprudence Exam
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- Attestation
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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 Dentist 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

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.

Pre-Screening

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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

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

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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ **Applicant Information**

* First Name Middle Name * Last Name

Any other name(s)

* Phone Number * Email Address

▼ **Mailing Address**

* Mailing Street

* Mailing City * Mailing State

Mailing County (if in New Mexico) * Mailing Zip

* Mailing Country

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

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[My Profile](#)

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* 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)

*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

▼ 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)

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Select Local Anesthesia Application” to continue.
5. On the Questions page, please answer all questions accurately with the most recent information.

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- Confirmation

Questions

* Have you appeared for and passed the clinical exam?

☐ Yes
☐ No

All written and clinical exams are required to be specific for Local Anesthesia.

* Have you successfully completed education course work in local anesthesia & administered local anesthesia in oral hygiene for at least three of the past five years in any other state where you practiced as Dental Hygienist?

☐ Yes
☐ No
☐ N/A

* Have you appeared and passed the written exam?

☐ Yes

All written and clinical exams are required to be specific for Local Anesthesia.
You must take and pass the Written Exam to qualify for the Local Anesthesia license in New Mexico.

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

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

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- Confirmation

Questions

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☐ Yes
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All written and clinical exams are required to be specific for Local Anesthesia.

*Have you successfully completed education course work in local anesthesia & administered local anesthesia in oral hygiene for at least three of the past five years in any other state where you practiced as Dental Hygienist?

☐ Yes
☐ No
☐ N/A

*Have you appeared and passed the written exam?

☐ Yes

All written and clinical exams are required to be specific for Local Anesthesia.
You must take and pass the Written Exam to qualify for the Local Anesthesia license in New Mexico.

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Dental Hygienist License Expiration Date

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*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

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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

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Clinical Exam	Exam Results from Testing Agency			
* Transcript with Degree	Transcript from an accredited dental hygiene program documenting successful completion of an approved educational program in local anesthesia			
* 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			
* Written Exam	Exam Results from Testing Agency			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			
Copy of Certificates for Anesthesia courses not listed in Transcripts	Proof of successful completion of course work in Local Anesthesia			

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

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Upload Documents

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Copy of Certificates for Anesthesia courses not listed in Transcripts	Proof of successful completion of course work in Local Anesthesia			

Save for later Previous Next

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

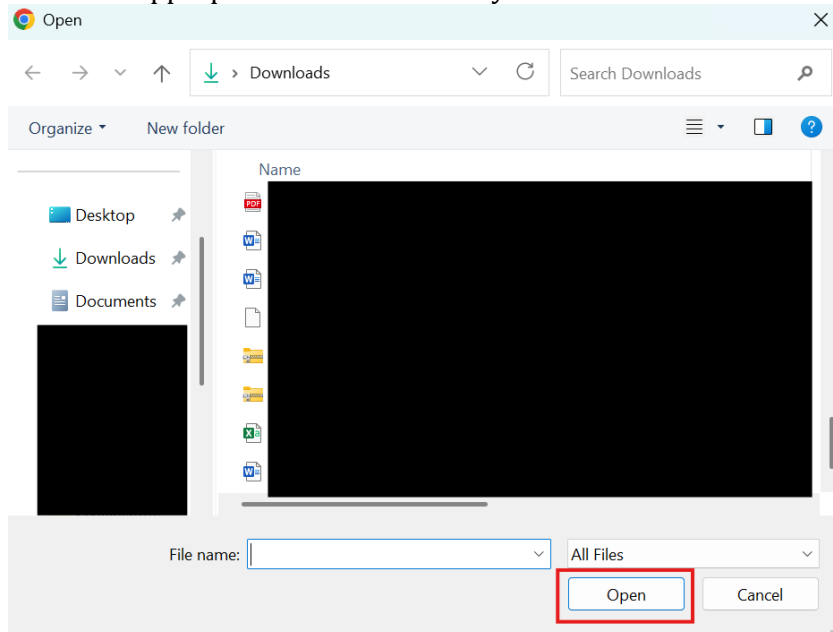
Upload

Please attach a copy of the required document.

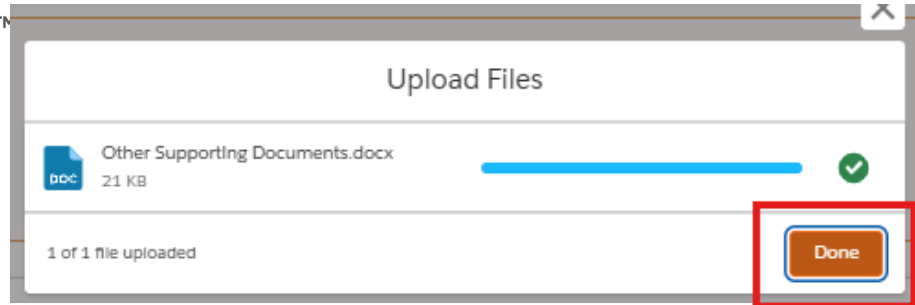
Note: Files:
1. Document type must support PDF
2. Document size must be less than 10 MB
3. Document type must be supported by the application or a supported file format

 Upload File Done

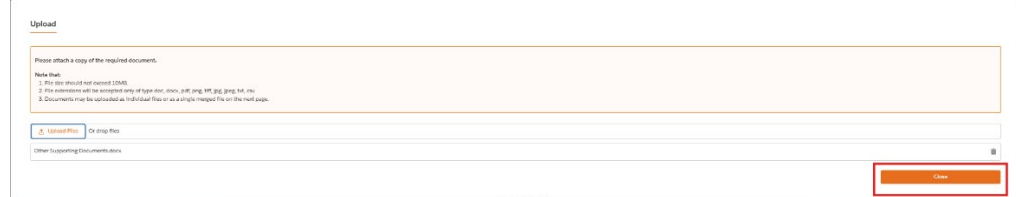
- c. Select the appropriate document from your files and then select "Open"



- 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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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
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* 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		Other Supporting Documents	
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Other Supporting Documents	Any supporting documents that could assist in review of the application.			
Copy of Certificates for Anesthesia courses not listed in Transcripts	Proof of successful completion of course work in Local Anesthesia			

Save for later

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

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Other Supporting Documents	Any supporting documents that could assist in review of the application.			
Copy of Certificates for Anesthesia courses not listed in Transcripts	Proof of successful completion of course work in Local Anesthesia			

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7. 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

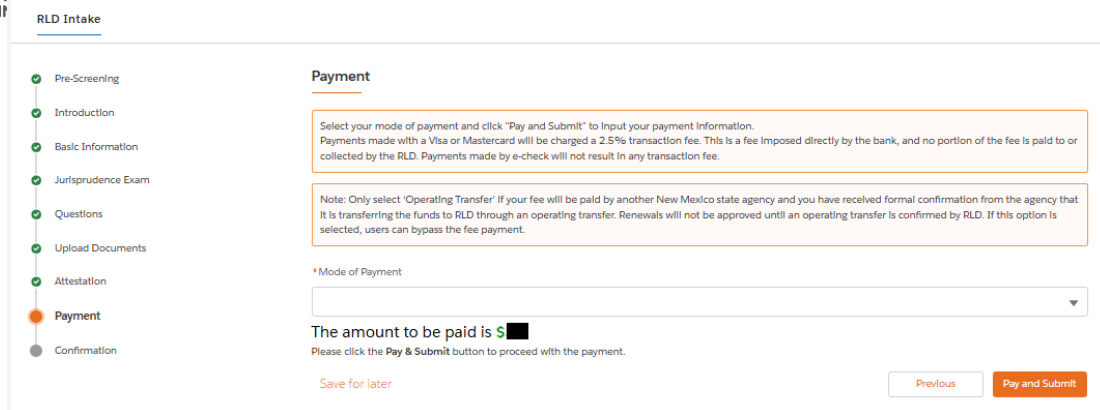
☒ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief. I further certify I will, upon receipt, read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

* Applicant Name Date

Save for later

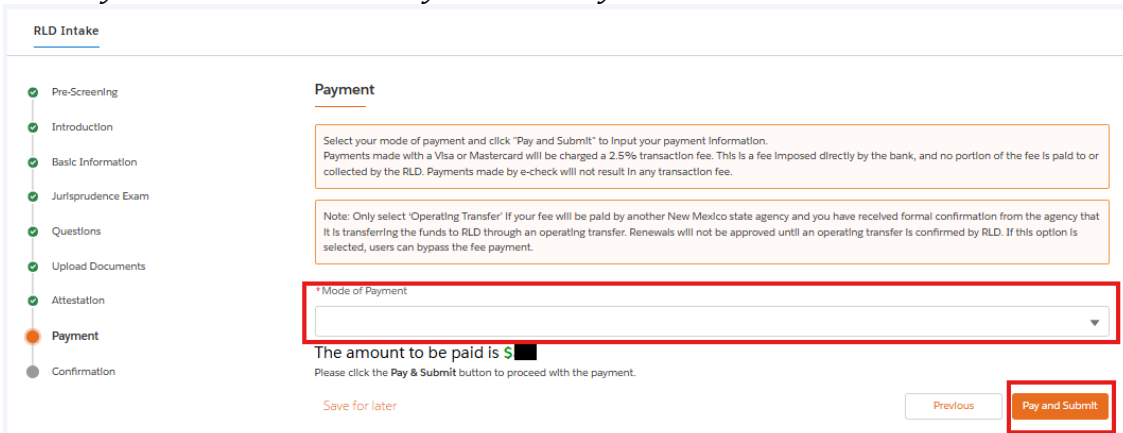
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8. On the Payment page, review the notice before making any selections.



- 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.

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.



- b. 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

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Payment

You have completed the payment.

The amount paid is \$

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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](#)