



Board of Dental Health Care

Local Anesthesia Under General Supervision

Application User Guide

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Application for Local Anesthesia Under General Supervision

1. In the **Introduction** section of your application, 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 Please note all fees are non-refundable even if the application is denied or withdrawn.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

Next

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

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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

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, 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

- iii. If your information is **Up to Date**, 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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3. In the **Questions** section, your **Dental Hygienist License** and **Expiration Date** will automatically populate in the grey boxes at the top. Review the question regarding administering local anesthesia, then select the radio button next to **“Yes”**.

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Questions

Dental Hygienist License Number
DB-2025-0206

Dental Hygienist License Expiration Date
06/30/2028

* Have you administered local anesthesia under the Indirect supervision of the same dentist in at least 20 cases over a two year period.

☒ Yes

Save for later

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Note: If this answer does not apply to you, you will not be able to proceed with your application. For more information about this requirement, please be sure to get in contact with the Dental Board directly.

4. 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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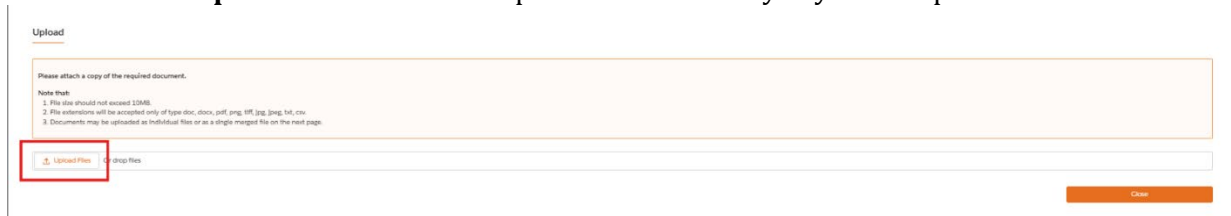
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Affidavit from Supervising Dentist	Affidavit executed on Dental Hygienist letterhead from a supervising Dental Hygienist recommending the applicant for Local Anesthesia certification and verifying the applicant's competency			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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



Upload

Please attach a copy of the required document.

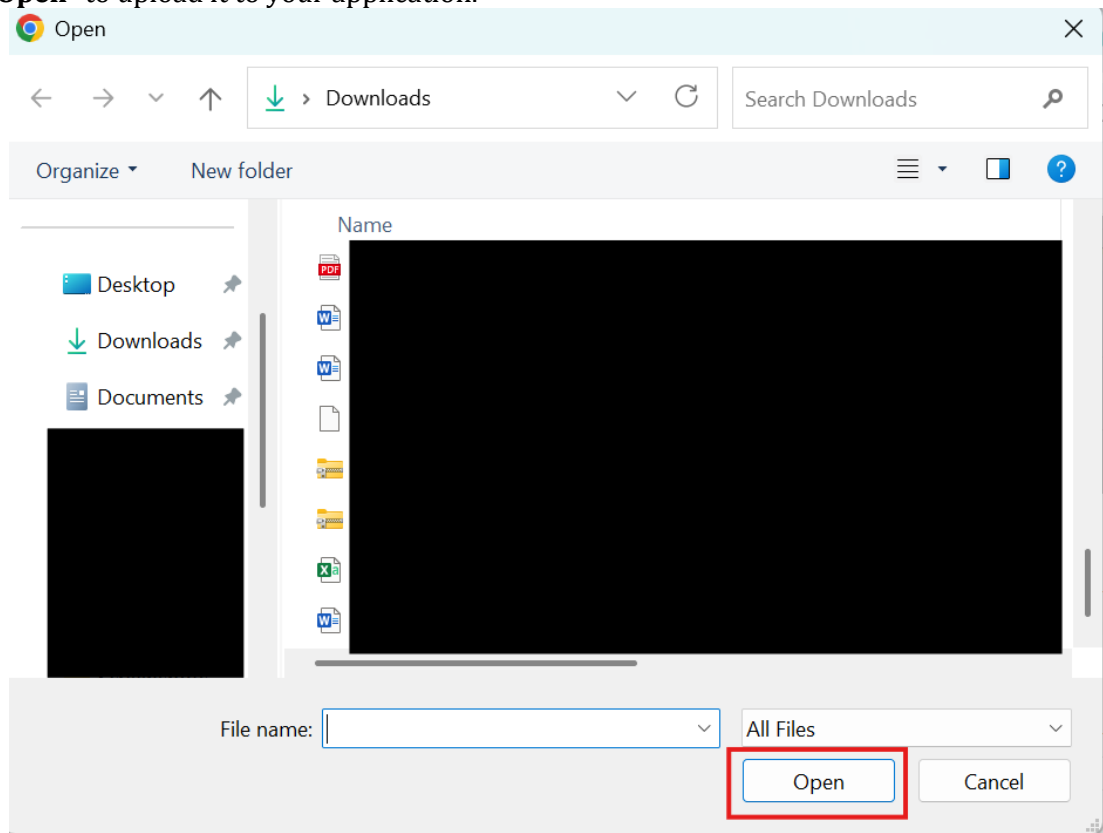
Note that:

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

Upload Files or drag files

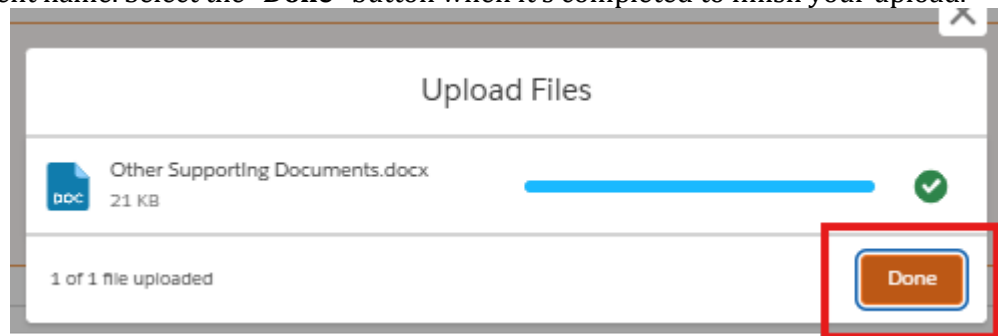
Done

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

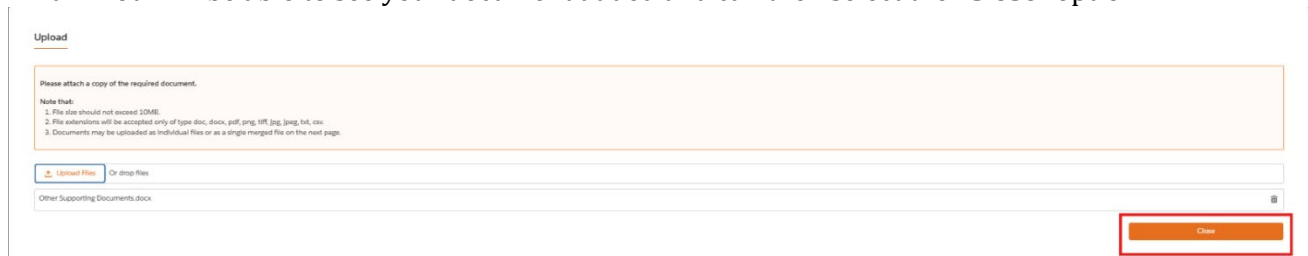


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you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

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Upload Documents

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

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

5. 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, 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

Enter Your Full Name Here 10/14/2025

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6. No payment is required for this application. On the **Payment** page, review the notice then click **“Pay and Submit”**.

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There is no fee required for this application.
Please click the **Pay & Submit** button to submit the application.

Save for later Previous **Pay and Submit**

7. You will receive a **Confirmation** that your application is now complete and will be submitted to your Board for approval.

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Your application has been successfully submitted and the department will review your application.

8. On the **Home Page**, the application will appear under **My Applications** with **Submitted** status. Please contact the Dental Board directly for further information about your application. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.

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](#)