



Board of Dental Health Care
Non Dentist Owner Application Manual



STATE OF NEW MEXICO
MICHELLE LUJAN GRISHAM, GOVERNOR
Clay Bailey, Superintendent
Melissa D. Salazar, Director

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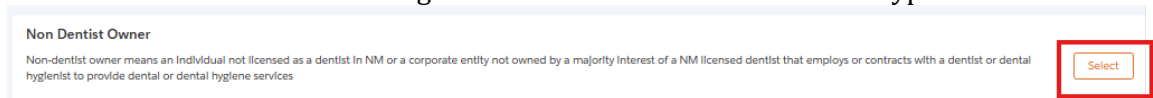
Application for Non Dentist Owner

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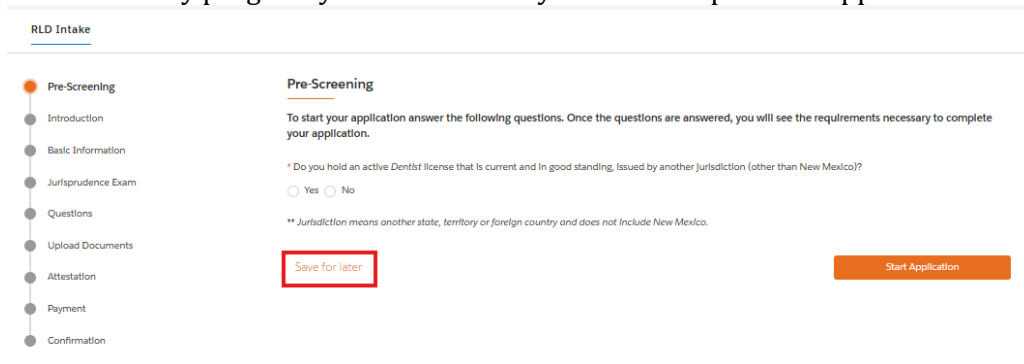
BOARD OF DENTAL HEALTH CARE APPLICATION MANUAL

Application for Non Dentist Owner

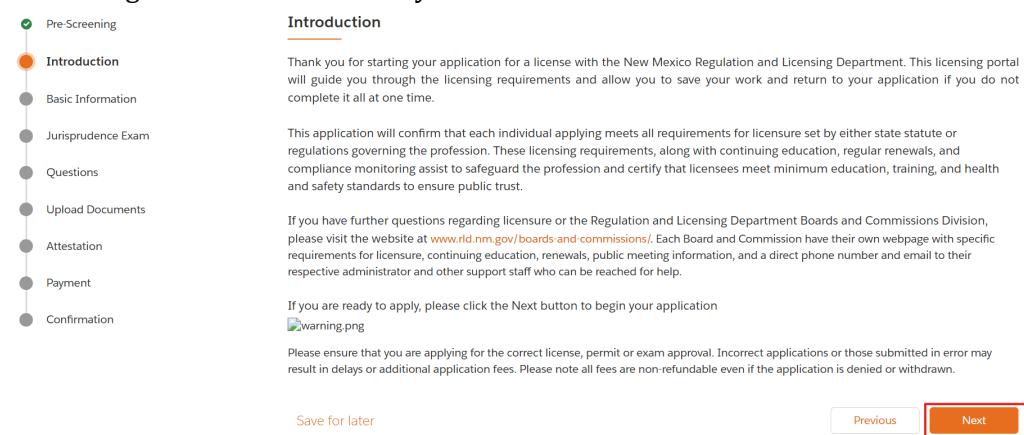
1. Click the “Select” button to the right of the Non Dentist Owner license type.



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.



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.



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](#) [Previous](#) [Next](#)

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](#)

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* 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

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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 Country (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)

Cancel Save

- iii. You will need to restart your application to ensure the updated data is listed.
Return to “Step1: Select Dentist Application” to continue.

5. On the Dental Business Information Page, enter in all information about your business.

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Dental Business Information

*Name of Business

*Please specify the ownership type

*Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Business Owner Name	Phone Number	Email	Ownership Percentage	
				Add New

Physical Address

*Street *City

*Zip County

*State *Country

NM US

*Is the mailing address same as physical address mentioned above?

Yes

Save for later Previous Next

a. To add the owners of the business, select the “Add New” button to the right.

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Dental Business Information

* Name of Business
Enter Organization Name

* Please specify the ownership type
[Dropdown Arrow]

* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Business Owner Name	Phone Number	Email	Ownership Percentage	
				Add New

✓ **Physical Address**

* Street
[Text Field]

* City
[Text Field]

* Zip
[Text Field]

County
[Dropdown Arrow]

* State
NM

* Country
US

* Is the mailing address same as physical address mentioned above?
Yes

Save for later Previous Next

b. Enter in all required data and select the “Save” button when done.

* Please specify the ownership type [Dropdown Arrow]

Personnel Information

* First name
[Text Field]

* Last name
[Text Field]

Phone
[Text Field]

* Email
[Text Field]

* Ownership Percentage
[Text Field]

Cancel **Save**

c. You can Edit/Delete/View the information by selecting the drop-down arrow to the right of the data.

* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Business Owner Name	Phone Number	Email	Ownership Percentage	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Dropdown Arrow]

Add New

- d. To complete the Dental Business Information page, select the “Next” button at the bottom right of the page.

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Dental Business Information

* Name of Business
Enter Organization Name

* Please specify the ownership type
[Dropdown]

* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Business Owner Name	Phone Number	Email	Ownership Percentage	
Add New				

✓ Physical Address

* Street [Input] * City [Input]

* Zip [Input] County [Dropdown]

* State [Dropdown: NM] * Country [Dropdown: US]

* Is the mailing address same as physical address mentioned above?
Yes

Save for later Previous **Next**

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

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Jurisprudence Exam

You must have a passing score to navigate further.

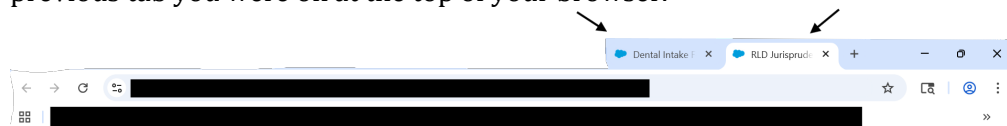
Attempts : 0

Launch New Refresh

Attempt	Name	Examination Date	Score in %	Result
---------	------	------------------	------------	--------

Save for later Previous Next

- a. A new page will open up for 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 the attempt you made at the exam by selecting the orange “Refresh” button at the top right to view the score of your attempt to verify that you passed.

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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

Previous Next

- c. You are allowed 3 attempts to pass the JP Exam. If you do not score a passing grade within the 3rd attempts, your application, once submitted, will be placed on hold and you will be contacted by the Dental Board.

Note: You can make 3 attempts of the exam to receive a passing grade. To make a new attempt select the "Launch New" button again.

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Warning

Is Exam Passed? false

Please complete your exam before moving into next step

Save for later

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- d. Once you have passed the exam you can select the "Next" button at the bottom right of the page.

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Jurisprudence Exam

Attempts : 1

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

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7. On the Questions page, please answer all questions accurately with the most recent information.

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Questions

* 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

* Are you a licensed Dentist in state of New Mexico who has less than 50% ownership stake in the dental business specified in the application?

☐ Yes
☐ No

Do you have any officers/partners of the company who are licensed as Dentist in the New Mexico?

☐ Yes
☐ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.5.1.30 NMAC?

☐ Yes
☐ No

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- 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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☐ Yes
☐ No

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☐ Yes
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Do you have any officers/partners of the company who are licensed as Dentist in the New Mexico?

☐ Yes
☐ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.5.1.30 NMAC?

☐ Yes
☐ No

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8. 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
* Background Report (B&B Report)	Background report for all owners of the company or corporation	Upload		
Other Supporting Documents	Any supporting documents that could assist in review of the application.	Upload		

[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
Background Report (B&B Report)	Background report for all owners of the company or corporation			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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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.

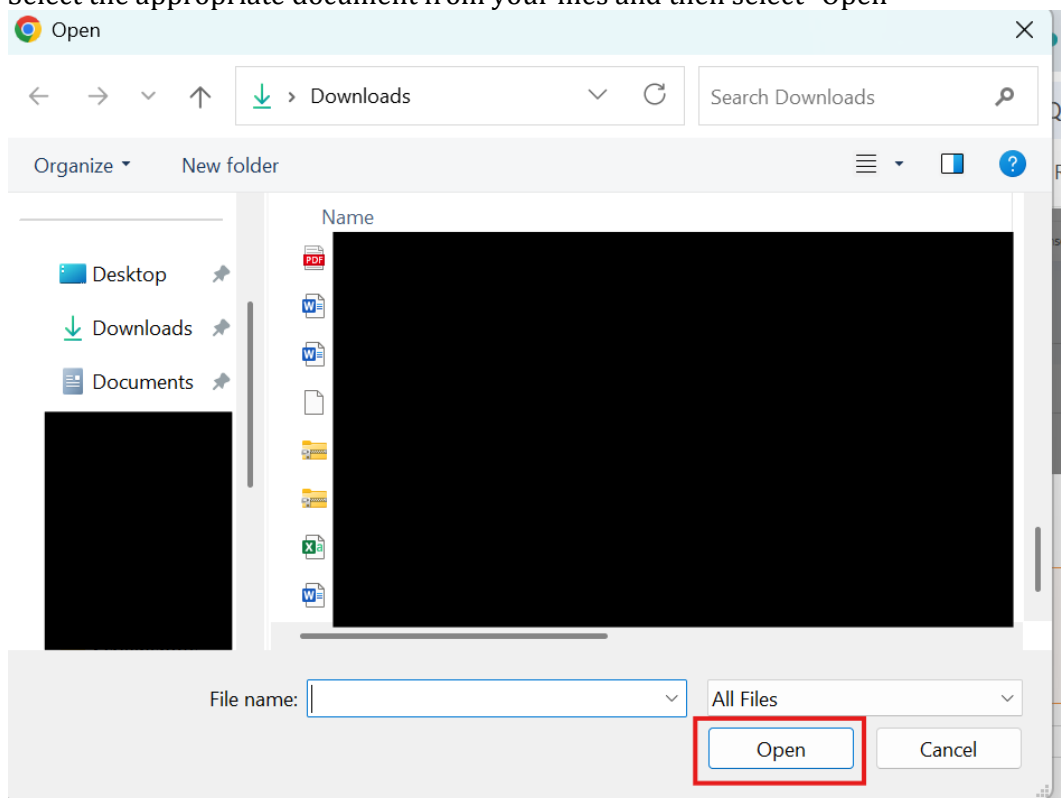
Note that:

- 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.

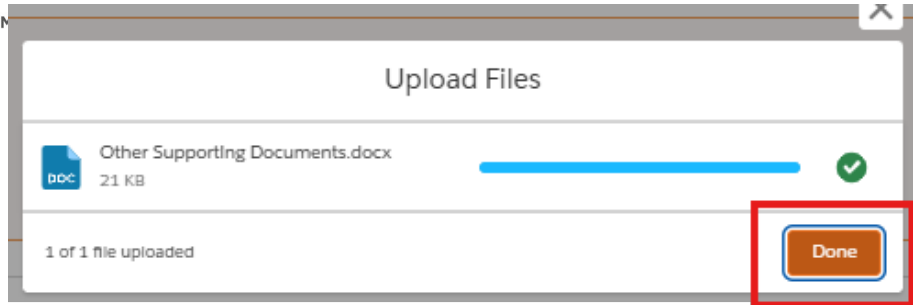
 Upload File  Drop Files

Done

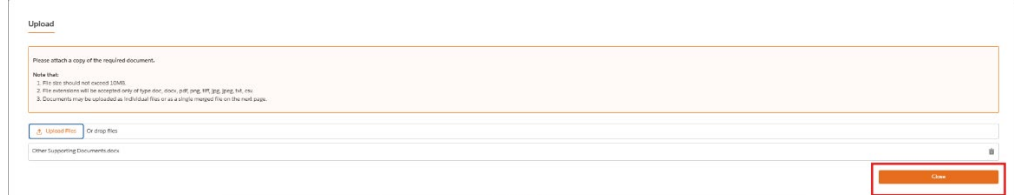
- c. Select the appropriate document from your files and then select “Open”



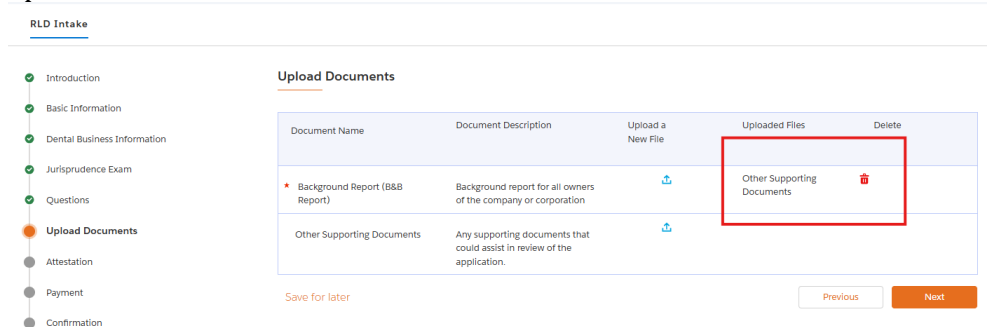
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



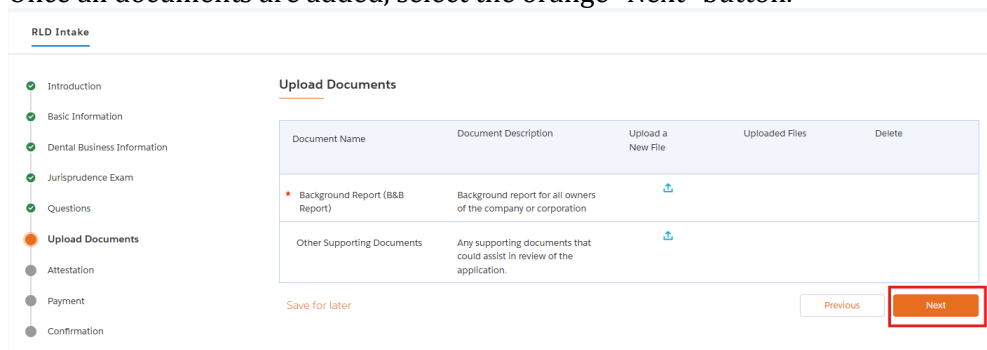
- e. You will be able to see your document added and can then select the “Close” option.



- f. You will be able to see the documents in each section once you have completed the uploads.



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



9. 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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10. 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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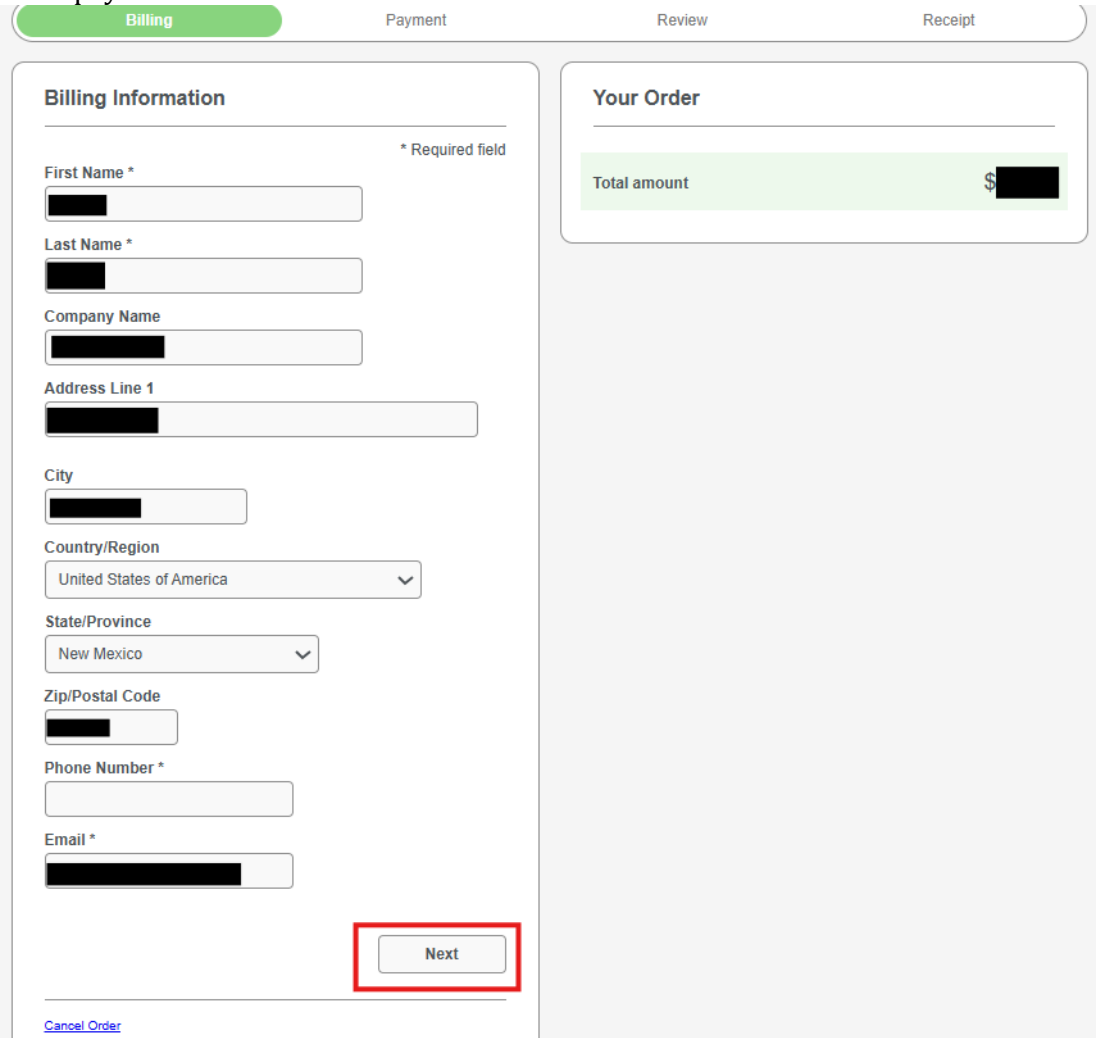
* Mode of Payment

The amount to be paid is \$

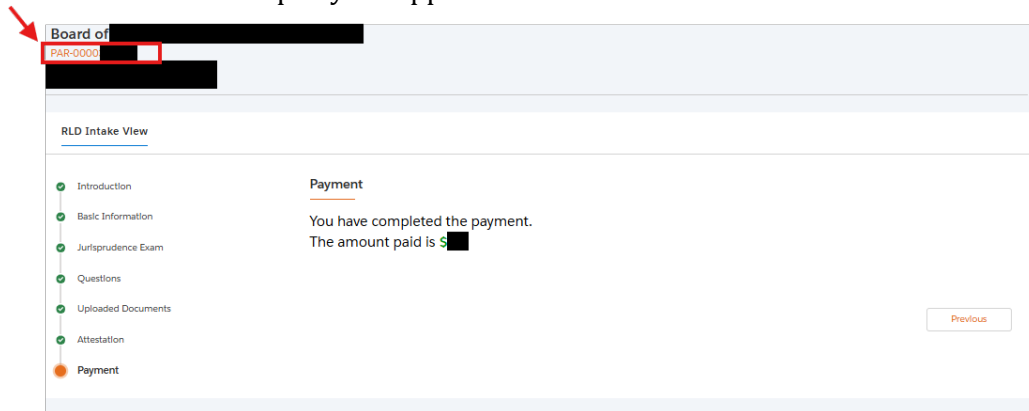
Please click the **Pay & Submit** button to proceed with the payment.

Save for later Previous **Pay and Submit**

- b. Ensure all required fields are completed and click "Next" button to proceed through entire payment.



11. 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.



12. 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](#)