



Board of Nursing Home Administrators

Nursing Home Administrator Application Manual

Table of Contents

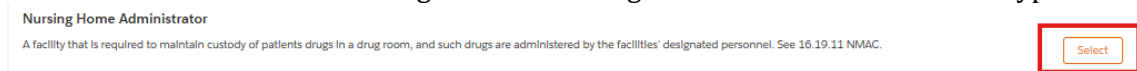
Application for Nursing Home Administrator

Pre-Screening Page	3
Introduction Page	4
Basic Information Page	4
Licensure Information Page	7
Questions Page	9
Upload Documents Page	11
Attestation Page	14
Payment Page	14

BOARD OF NURSING HOME ADMINISTRATORS APPLICATION MANUAL

Application for Nursing Home Administrator

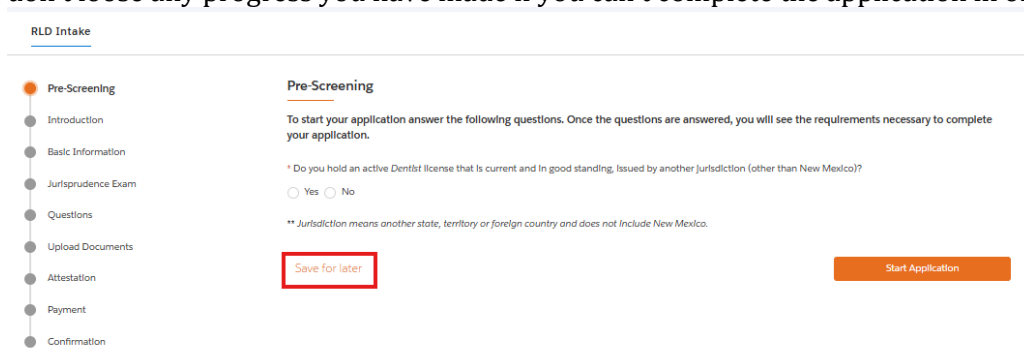
1. Click the “Select” button to the right of the Nursing Home Administrator license type.



Nursing Home Administrator
A facility that is required to maintain custody of patients' drugs in a drug room, and such drugs are administered by the facilities' designated personnel. See 16.19.11 NMAC.

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

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

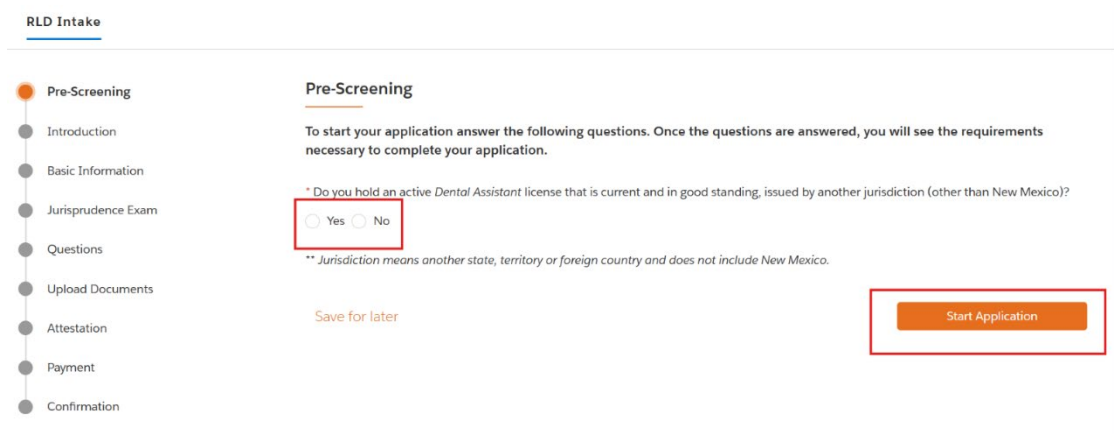
* Do you hold an active Dentist license that is current and in good standing, issued by another Jurisdiction (other than New Mexico)?
☐ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later

Start Application

3. On the Pre-Screening, you will answer questions pertaining to your reciprocity and Military status.



RLD Intake

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 Dental Assistant 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

- a. If you do hold a Nursing Home Administrator license outside of New Mexico and select “Yes”, you will be prompted with another question regarding your **Military Status**. If you have any Military associations matching the question, select the “Yes” radio button. Otherwise, you can select “No”. You may then proceed using the “Start Application” button.

Pre-Screening

Introduction

Basic Information

Licensure Information

Jurisprudence Exam

Questions

Upload Documents

Attestation

Payment

Confirmation

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 Dental Hygienist 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.

* Are you a military service member, veteran, or the spouse of a person who is serving in the United States, a surviving spouse of a military service member who at the time of the member's death was serving on active duty, or a qualifying child/dependent of a military service member?

☐ Yes ☒ No

** Military service member means a person who is:

- serving in the armed forces of the United States as an active-duty member, or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, or a surviving spouse of a member who at the time of the member's death was serving on active duty; or
- the child of a military service member if the child is also a dependent of that person for federal income tax purposes; and

Veteran means a person who has received an honorable discharge or separation from military service.

Save for later

Start Application

4. 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

Introduction

Basic Information

Jurisprudence Exam

Questions

Upload Documents

Attestation

Payment

Confirmation

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

Previous Next

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

RLD Intake

- Pre-Screening
- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
- Upload Documents
- Attestation
- Payment
- 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

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

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

RLD Intake

- Pre-Screening
- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Basic Information

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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](#)

- b. If **No**, select the “My Profile” button at the top left to update your information.

RLD Intake

- Pre Screening
- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewal 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

- 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 Nursing Home Administrator Application” to continue.

6. On the Licensure Information Page, this page is only for **Reciprocity and Military**

- a. If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional Application section for **Licensure Information**.
- b. A. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

RLD Intake

Pre-Screening
Introduction
Basic Information
Licensure Information
Jurisprudence Exam
Questions
Upload Documents
Attestation

Licensure Information

Specify all active licenses in another jurisdiction in similar profession
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Add New

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
		01/01/2020	12/31/2025	

- c. In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is mm/dd/yyyy. Once your information is entered, select “**Save**”.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

State Licenses

* License Number

* Issuing State/Territory

* Issue Date

* Expiration Date

- d. If you selected “**Yes**” to the military question in your **Pre-Screening**, a secondary question will populate in the **Licensure Information** section. Use the dropdown to select your **Military Status** among **Active Duty**, **Spouse**, **Dependent/Child**, **Retired/Veteran**, and **Other**.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Licensure Information**
- Jurisprudence Exam
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Licensure Information

Specify all active licenses in another jurisdiction in similar profession.
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action

▼ **Military Information**

* Are you a military service member, veteran, or a military spouse or child/dependent?

Military service member means a person who is:

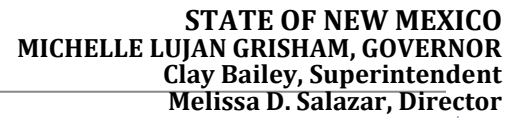
- serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; or
- the child of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, provided that child is also a dependent of that person for federal income tax purposes; and

Recent veteran, means a person who has received an honorable discharge or separation from military service within the three years immediately preceding the date the person applied for a professional or license pursuant to this section.

* Military Status

- Clear --
- Active Duty
- Spouse
- Dependent/Child
- Retired/Veteran
- Other

- e. With your license information added and your **Military Status** selected, click “**Next**” to proceed with the rest of your application.



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

a. For **Military**, your Questions page will be as shown in the image below.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Licensure Information
- Questions**
- Upload Documents
- Attestation
- Payment
- Confirmation

Questions

* Do you certify that you have completed the required Department of Public Safety (DPS) Authorization of Release of Information Form, and submitted said form to "DPS" for processing?

☒ Yes

You must complete the required background process prior to proceeding with your application. You may save your application and continue once you have completed this process.

* 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 16.14.3 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.

Save for later

Previous Next

b. For **Reciprocity**, your Questions page will be as shown in the image below.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Licensure Information
- Questions**
- Upload Documents
- Attestation
- Payment
- Confirmation

Questions

* Do you certify that you have taken and passed the National Association of Long-Term Care Administrator Boards (NAB) exam?

☐ Yes
☐ I am requesting approval to sit for the national exam.

If you have not taken and passed the NAB Exam, you can request approval to sit for the exam and you will be eligible for a temporary provisional permit which will be issued for a maximum of 120 days.

* Do you certify that you have completed the required Department of Public Safety (DPS) Authorization of Release of Information Form, and submitted said form to "DPS" for processing?

☒ Yes

You must complete the required background process prior to proceeding with your application. You may save your application and continue once you have completed this process.

* 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 16.14.3 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.

Save for later

Previous Next

c. To complete the Questions page, select the "Next" button at the bottom right of the page.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Questions**
- Upload Documents
- Attestation
- Payment
- Confirmation

Questions

* Do you certify that you have taken and passed the National Association of Long-Term Care Administrator Boards (NAB) exam?

☐ Yes

* Do you certify that you have completed the required Department of Public Safety (DPS) Authorization of Release of Information Form, and submitted said form to "DPS" for processing?

☐ Yes

You must complete the required background process prior to proceeding with your application. You may save your application and continue once you have completed this process.

* 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 16.14.3 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.

Save for later

Previous **Next**

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

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Questions
- Upload Documents**
- Attestation
- Payment
- Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Proof of Education	A complete official transcript or diploma proving graduation with a baccalaureate degree (or higher) from an accredited institution of higher learning.			
* Proof of completion of Administrator In Training Program	Administrator In Training Program log containing proof for minimum of 1000 hours or more of on-site, supervised training and monthly written evaluations by the preceptor. Preceptor shall be a NAB certified preceptor and a licensed nursing home administrator with at least three years of experience as a nursing home administrator in good standing.			
National Board Exam Results	Exam results from the National Association of Long-Term Care Administrator Boards (NAB)			
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

- Pre-Screening
- Introduction
- Basic Information
- Questions
- Upload Documents**
- Attestation
- Payment
- Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
• Proof of Education	A complete official transcript or diploma proving graduation with a baccalaureate degree (or higher) from an accredited institution of higher learning.			
• Proof of completion of Administrator In Training Program	Administrator In Training Program log containing proof for minimum of 1000 hours or more of on-site, supervised training and monthly written evaluations by the preceptor. Preceptor shall be a NAB certified preceptor and a licensed nursing home administrator with at least three years of experience as a nursing home administrator in good standing.			
National Board Exam Results	Exam results from the National Association of Long-Term Care Administrator Boards (NAB)			
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.

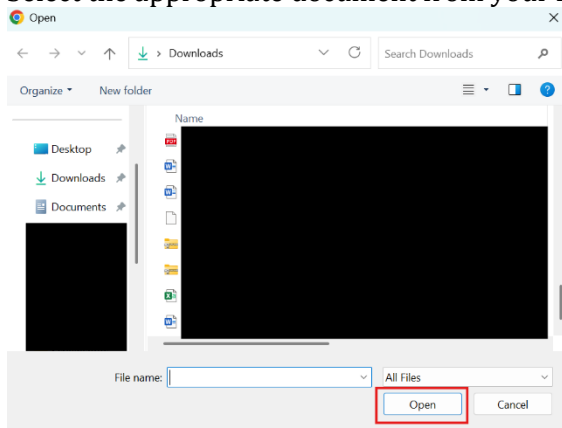
Note:

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

 [Upload File](#)

[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.

Upload Files

 **Other Supporting Documents.docx**
21 KB

1 of 1 file uploaded



- 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.

Requirements:

- 1. The document must be recent (date).
- 2. The document must be in English and in PDF, JPEG, PNG, or GIF format.
- 3. Documents may be uploaded as individual files or as a single zipped file in the next step.

1. Upload Document(s) [Go to step 2]

Other Supporting Documents (0/0)

Upload

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

RLD Intake

Pre-Screening
Introduction
Basic Information
Questions
Upload Documents
Attestation
Payment
Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
★ Proof of Education	A complete official transcript or diploma proving graduation with a baccalaureate degree (or higher) from an accredited institution of higher learning.		Other Supporting Documents	
★ Proof of completion of Administrator In Training Program	Administrator In Training Program log containing proof for minimum of 1000 hours or more of on-site, supervised training and monthly written evaluations by the preceptor. Preceptor shall be a NAB certified preceptor and a licensed nursing home administrator with at least three years of experience as a nursing home administrator in good standing.			
National Board Exam Results	Exam results from the National Association of Long-Term Care Administrator Boards (NAB)			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

- g. For **Reciprocity**, your document requirements will be as shown in the images below.

RLD Intake

Pre-Screening
Introduction
Basic Information
Licensure Information
Questions
Upload Documents
Attestation
Payment
Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
★ Active License(s) from Other State(s)	Official verification of active License(s) in similar profession in another State(s). Photocopy of license is not acceptable.			
National Board Exam Results	Exam results from the National Association of Long-Term Care Administrator Boards (NAB)			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

- h. For **Military**, your document requirements will be as shown in the image below.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Licensure Information
- Questions
- Upload Documents**
- Attestation
- Payment
- Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Active License(s) from Other State(s)	Official verification of active License(s) in similar profession in another State(s). Photocopy of license is not acceptable.			
* Military Document	For active military members; a copy of military orders. For veterans (retired or separated): proof of honorable discharge such as a copy of DD Form 214, DD Form 215, DD Form 256, DD Form 257, NGB Form 22, military ID card, a driver's license or state ID card with a veteran's designation verifying honorable discharge.			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

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

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Questions
- Upload Documents**
- Attestation
- Payment
- Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Proof of Education	A complete official transcript or diploma proving graduation with a baccalaureate degree (or higher) from an accredited institution of higher learning.			
* Proof of completion of Administrator In Training Program	Administrator In Training Program log containing proof for minimum of 1000 hours or more of on-site, supervised training and monthly written evaluations by the preceptor. Preceptor shall be a NAB certified preceptor and a licensed nursing home administrator with at least three years of experience as a nursing home administrator in good standing.			
National Board Exam Results	Exam results from the National Association of Long-Term Care Administrator Boards (NALB)			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous **Next**

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.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Jurisprudence Exam
- Questions
- Upload Documents
- Attestation**
- Payment
- Confirmation

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.

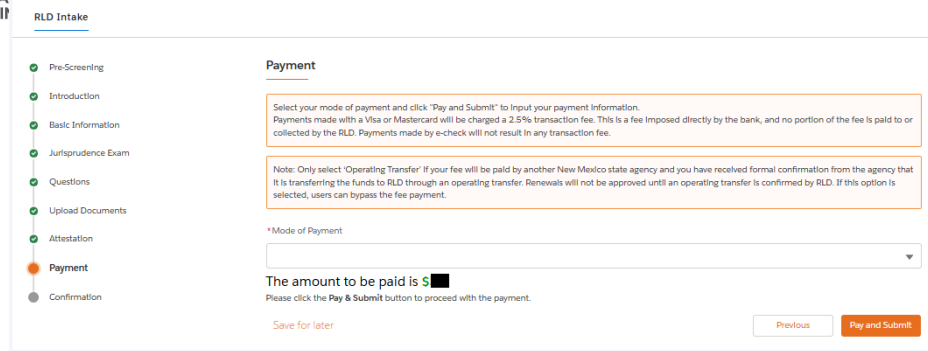
☐ I further certify I will, upon receipt, read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

* Applicant Name: Date: 10/07/2025

Save for later

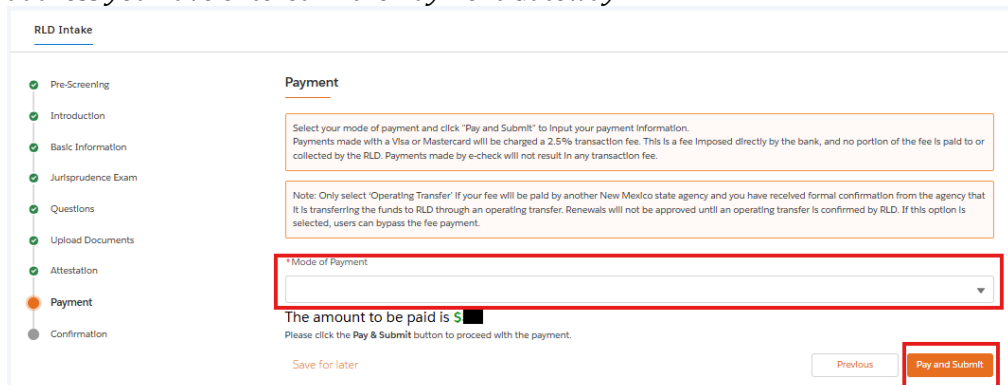
Previous **Next**

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



- Military Applications DO NOT** require payment.
- 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.



- 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

\$

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.

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

12. On the home page, the application will appear under My Applications with **Submitted** status.



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](#)