



Board of Psychologist Examiners

Prescription Certificate Application User Guide

Table of Contents

Prescription Certificate Application

Introduction	3
Basic Information	3
Questions	6
Upload Documents	7
Attestation	10
Payment	10

Prescription Certificate Application

1. In the **Introduction** step, read the information carefully, then click “**Next**”.

RLD Intake

Introduction

Basic Information

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 Save & 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 Please note all fees are non-refundable even if the application is denied or withdrawn.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

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

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

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](#)

- 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

- b. If your information is **Up to Date**, select the **“Next”** button at the bottom right of the page.

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

3. In the **Questions** section, you will answer questions about your licensure, education, and background. Please complete each section of this page, as they are all required to proceed.

- a. Read Question 1 carefully, then select the “**Yes**” radio button located directly under the question. Questions with only one response are a licensure requirement set by your Board/Commission. If you are unable to answer the question truthfully, you may need to contact your Board to inquire about meeting this license type’s requirements. After indicating that you have registered with the **Prescription Monitoring Program** additional text field will populate for you to enter your **DEA Registration Number** and **Controlled Substance Number**.

RLD Intake

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

Questions

* Are you registered with the Prescription Monitoring Program (PMP)?

☒ Yes

* Please provide your DEA Registration Number

* Please provide your New Mexico Controlled Substance Number

- b. Read Questions 2 through 5, then select the “**Yes**” radio button located directly under the question. Questions with only one response are a licensure requirement set by your Board/Commission. If you are unable to answer the question truthfully, you may need to contact your Board to inquire about meeting this license type’s requirements.

* Do you certify that you have completed the required two-year supervision plan, on file with your conditional prescription certificate application?

☒ Yes

* Do you certify that you will upload the required log of patient contacts, that were seen by you as a Conditional Prescription Certificate holder?

☒ Yes

Log must include the following patient information: coded number, age, gender, diagnosis, date and time seen, and time seen for psychopharmacotherapy. This log shall also contain the name and signature of the supervisor.

* Do you certify that you understand that all prescribing psychologist shall maintain continuous malpractice insurance coverage?

☒ Yes

* Do you understand that your application and supporting documentation for a prescription certificate shall successfully complete a process of independent peer review that meets the requirements set forth by the Board of Psychologist Examiners. The panel will examine at least ten (10) randomly selected charts of patients treated by you (the conditional prescribing psychologist) during the two-year supervised period?

☒ Yes

- c. Answer the final three questions in this section by clicking “**Yes**” or “**No**” in the radio button next to the response you are choosing. If you select “**Yes**” to any of the final three questions, an additional text field will populate for you to **Provide Any Relevant Details** pertaining to the question. You will have an opportunity to upload **Supporting Documents** in a later section of the application.

* 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 16.22.2.20 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.

*Provide any relevant details below. It is also recommended that you upload any supporting documentation on the document upload page, later in this application.

Save for later

Previous

Next

- d. Once all sections of the **Question** page are complete and correct, click “**Next**” to proceed.

4. In the **Uploaded Documents** section, click the blue “**Upload**” icon to begin selecting the document to upload. All fields marked with a red asterisk (*) are mandatory for your application.

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

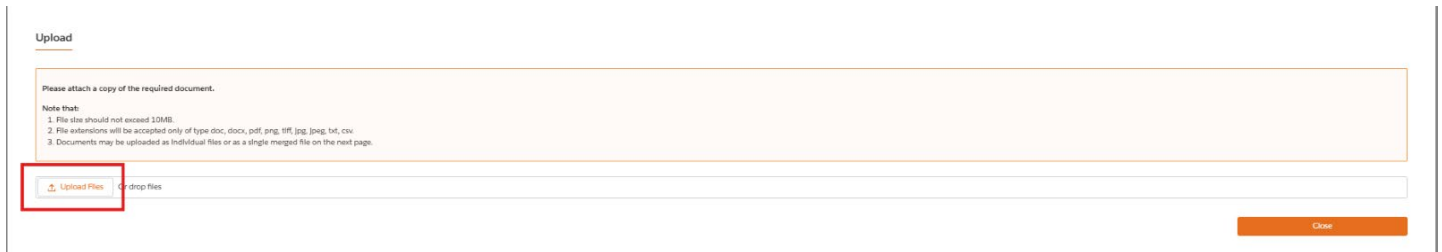
Upload Documents

Document Name	Document Description	Uploaded Files
* Declaration Page of Malpractice Insurance Policy	Only the declaration page of the malpractice insurance policy is required. Malpractice insurance shall cover claims for personal injury arising out of his or her performance of professional services and claims arising out of his or her act, errors or omissions in providing professional services, including prescribing psychotropic medication. Such malpractice insurance coverage shall be no less than one million dollars per occurrence with an aggregate limit of three million dollars.	
* Log of Patient Contacts	The applicant and training program shall maintain a log of patients seen while holding a conditional prescriptive certificate as required by Rule 16.22.23 NMAC, and must include the following patient information: coded number, age, gender, diagnosis, date and time seen, and time seen for psychopharmacotherapy. This log shall contain the name and signature of the supervisor and be submitted by the applicant.	
* Verification of Two-Year Supervision by Supervisor	Form (titled: Verification by Supervisor of Two-Year Supervision of Conditional Prescribing Psychologist) completed and signed by the supervisor who supervised the applicant's two year conditional prescribing practice. This form must be downloaded from the Board's website and uploaded by the applicant.	
* DEA Verification	Proof you are registered with DEA	
Other Supporting Documents	Any supporting documents that could assist in review of the application.	

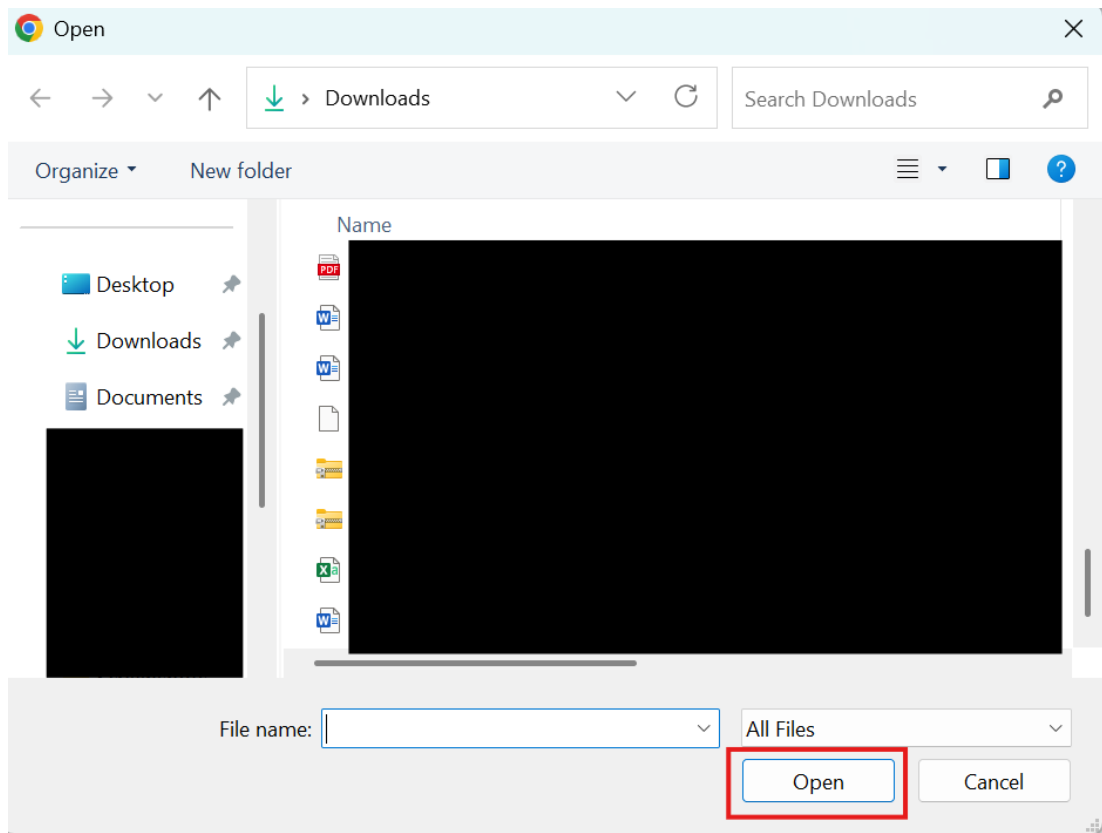
Save for later

Previous Next

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

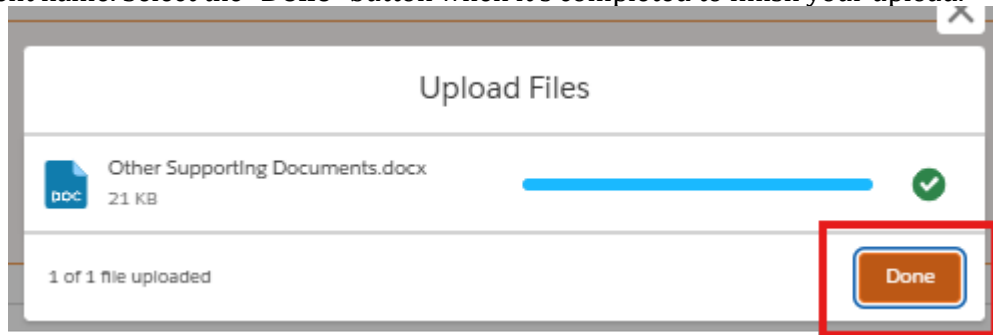


- b. Select the appropriate document requested by your Board from your files, and then select **“Open”** to upload it to your application.

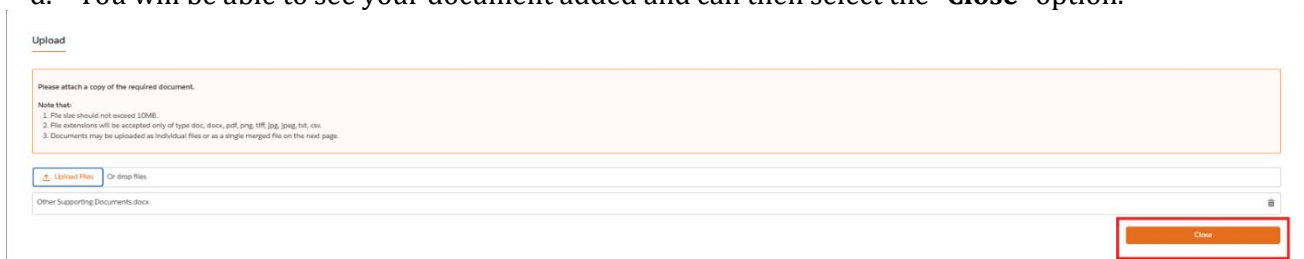


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you 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 them from your application. Use the orange **Eye** icon to preview your document and the green **Download** icon to save the uploaded document to your computer.

★ Verification of Two-Year Supervision by Supervisor	Form (titled: Verification by Supervisor of Two-Year Supervision of Conditional Prescribing Psychologist) completed and signed by the supervisor who supervised the applicant's two year conditional prescribing practice. This form must be downloaded from the Board's website and uploaded by the applicant.	 Your Document Name   
★ DEA Verification	Proof you are registered with DEA	 Your Document Name   
Other Supporting Documents	Any supporting documents that could assist in review of the application.	

Save for later



- f. Repeat step 4 of this guide 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.

RLD Intake

- Introduction
- Basic Information
- 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 read the Professional Psychologist Act and Rules and fully understand that I bind myself to be governed by them.

* Applicant Name Date

Enter Full Name Here 11/25/2025

Save for later

Previous **Next**

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

RLD Intake

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

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**

*Note: **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.

RLD Intake

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

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](#)

Note: Payments are processed through 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.

- Fill out all fields in the **Billing Information** and **Payment Information** portions, then **Review** the transaction information before paying. Click the **“Next”** button to proceed through the entire payment process. Once your payment is completed, you may close your tab with Cybersource where you processed your 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 *

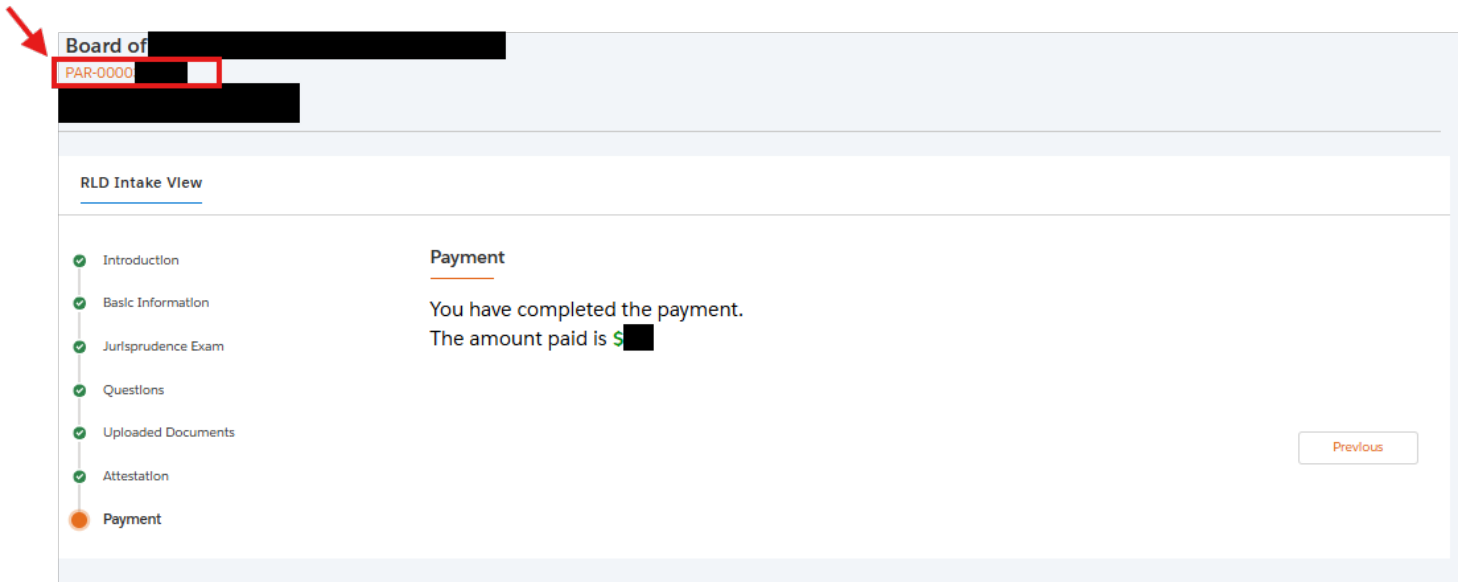
[Next](#)

[Cancel Order](#)

Your Order

Total amount \$

7. 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

- Introduction
- Basic Information
- Jurisprudence Exam
- Questions
- Uploaded Documents
- Attestation
- Payment**

Payment

You have completed the payment.
The amount paid is \$[redacted]

[Previous](#)

8. 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](#)