



Respiratory Care Practitioner Advisory Board

Respiratory Care Practitioner

Application User Guide

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Respiratory Care Practitioner Application

In the Pre-Screening, you will answer questions about your **Reciprocity** and **Military** status.

1. The first question of the **Pre-Screening** asks if you hold a license anywhere other than New Mexico. If you select **"No"** using the radio button, you may then proceed using the **"Start Application"** button.

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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 *Respiratory Care Practitioner* 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 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.

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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 *Respiratory Care Practitioner* 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

2. In the **Introduction** step, 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 rules 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

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3. 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

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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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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

- 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

SSN

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 County (If in New Mexico)

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

* Mailing Street

* Mailing City * Mailing State

Mailing County (if in New Mexico) * Mailing Zip

* Mailing Country

Licensure Information (Reciprocity and Military)

If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional application section for **Licensure Information**.

- Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

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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
Add New				

[Military Information](#)

- 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

Select Issuing State/Territory

* Issue Date

* Expiration Date

Cancel

Save

- c. 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 the options listed.

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▼ **Military Information**

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

Yes

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

In order to determine if you satisfy for expedited military licensure under state law, you will be required to submit documents to show your status as a military service member, veteran, or military spouse or child; as well as information of your current license in good standing.

Save for later

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

4. 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.

- Read the first three questions, and select the response underneath each by clicking the radio button next to “**Registered Respiratory Therapist**” or “**Yes**”. 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.
- Then specify your **National Board for Respiratory Care (NBRC) Exam Date** in **MM/DD/YYYY** format or use the **Calendar** icon to choose the date in the full calendar view.

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Questions

* I am applying for: (check one)

☒ Registered Respiratory Therapist

* Do you certify that you have successfully completed an approved respiratory care program?

☒ Yes

* Do you certify that you have taken and passed the National Board for Respiratory Care (NBRC) examination resulting in credentialing as a respiratory therapist?

☒ Yes

* National Board for Respiratory Care (NBRC) Exam Date

01/01/2025

📅

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- c. Read the remaining questions carefully and then select your response by clicking “**Yes**” or “**No**” in the radio button next to the response you are choosing. If you select “**Yes**”, an additional text field will populate for you to **Provide Any Relevant Details**, and the **License Number and Statuses** into the relevant field. 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 16.23.17.10 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

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

5. 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.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Official Transcripts	A copy of an official transcript, certificate or diploma showing completion of an approved respiratory care program , or a letter sent directly from the program director prior to matriculation			
* NBRC Examination Results	Proof of passing the NBRC examination resulting in credentialing			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

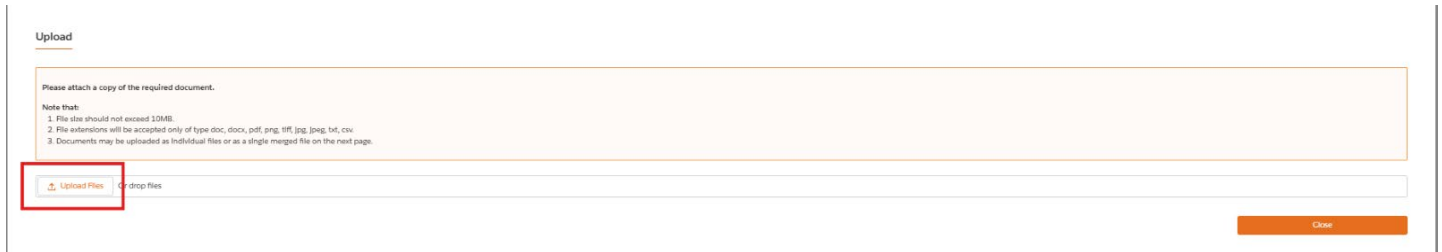


Save for later

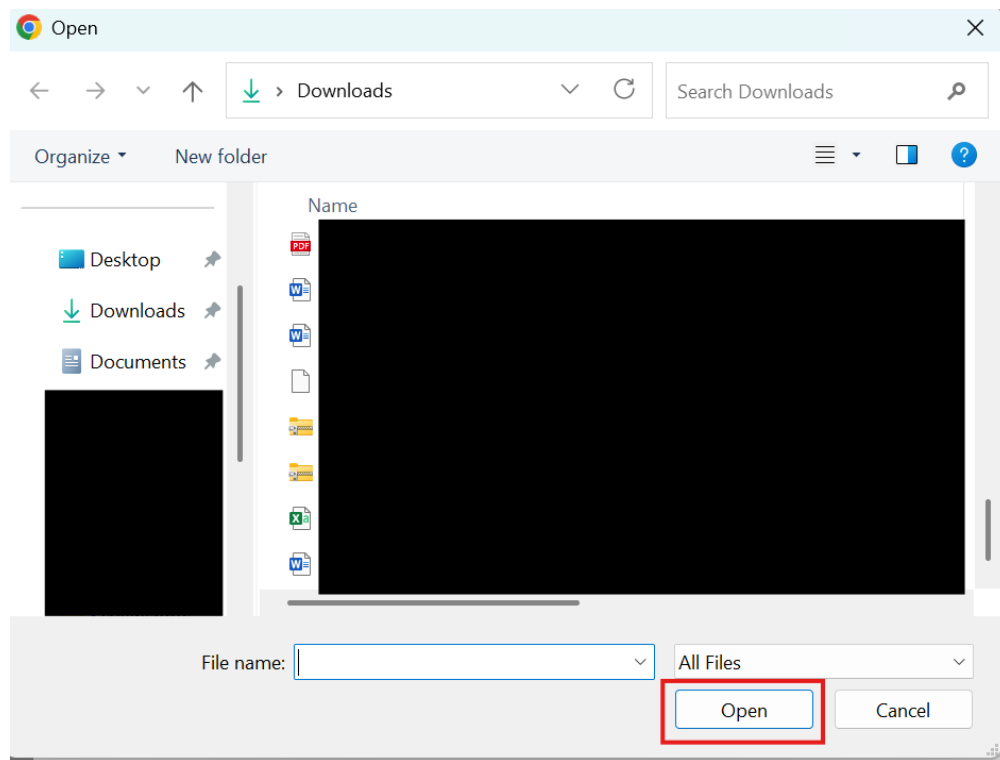
Previous

Next

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

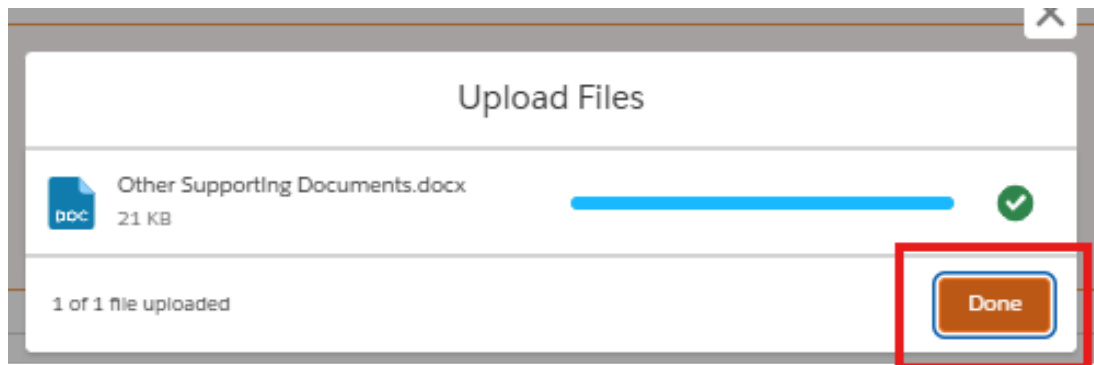


- b. Select the appropriate document requested by your Board from your files, and then select **“Open”** to upload it to your application.

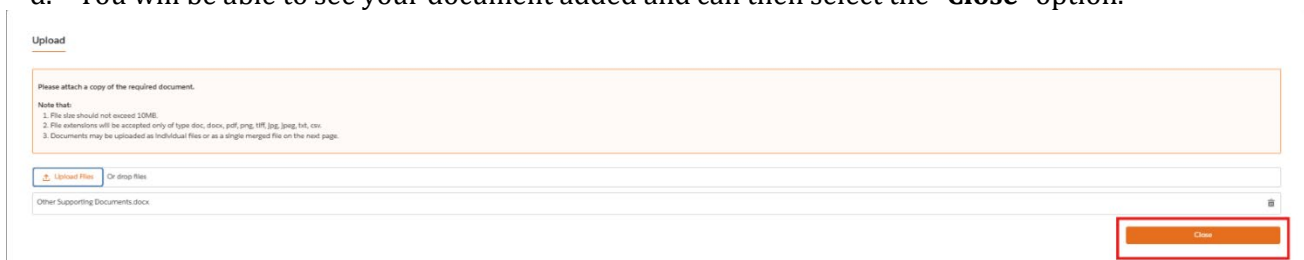


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you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

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Official Transcripts	A copy of an official transcript, certificate or diploma showing completion of an approved respiratory care program , or a letter sent directly from the program director prior to matriculation		Your Document Name	
* NBRC Examination Results	Proof of passing the NBRC examination resulting in credentialing		Your Document Name	
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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- f. Repeat step 6 of this guide until all required documents (*) have been uploaded. Then click the **“Next”** button to proceed.

6. On the **Attestation** page, review the statement on the screen. Then select the **checkbox** to certify your agreement. After, enter your **Full 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 read the Respiratory Care Act and Rules and fully understand that I bind myself to be governed by them.

☒

* Applicant Name Date

Enter Full Name Here 12/15/2025

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7. 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](#)

Note: Military Applications DO NOT require payment.

- 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.

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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.

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* Mode of Payment

The amount to be paid is \$

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

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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.

- b. 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 *

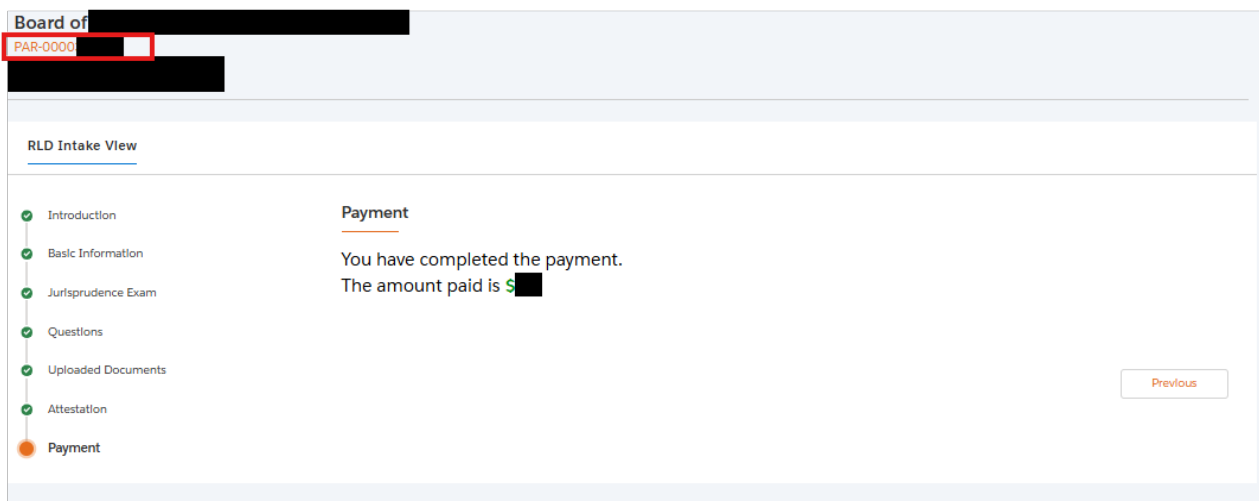
[Next](#)

[Cancel Order](#)

Your Order

Total amount \$

8. 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]

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

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9. 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](#)