



Board of Dental Health Care

Sedation Application User Guide

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Application for Sedation

1. 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 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.

Different Sedation Types are:

- Deep sedation means an induced state of depressed consciousness. Deep sedation is produced by a pharmacologic or non-pharmacologic method or combination thereof.
- Minimal sedation means a minimally depressed level of consciousness, produced by a pharmacological method.
- Moderate Enteral Sedation means any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa.
- Moderate Parenteral means any technique of administration in which the drug is injected through the dermis or into blood vessel.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at www.rld.nm.gov/boards-and-commissions/. Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Next button to begin your application



Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later

Next

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

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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

Applicant Information

* First Name

Middle Name

* Last Name

Any other name(s)

* Phone Number

* Email Address

Mailing Address

* Mailing Street

* Mailing City

* Mailing State

Mailing County (if in New Mexico)

* Mailing Zip

* Mailing Country

Save for later

Previous

Next

- 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

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 County (If in New Mexico)

Cancel **Save**

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

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Basic Information

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**

6. In the **Questions** section, you will answer questions regarding your history and licensure. Please answer every question, as they are all required to proceed to the next page.

- a. Answer Question 1 using the “**Yes**” or “**No**” radio button. Selecting “**Yes**” will populate an additional text field for you to **Provide Any Relevant Details**. You will have an opportunity to upload **Supporting Documents** in a later section of the application.
- b. Your **Dentist License Number** and **Expiration Date** will automatically populate in the grey boxes. You do not need to edit these fields.

RLD Intake

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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

* Provide any relevant details below. You are also required to upload any related documentation of the discipline (e.g. decision and order, settlement agreement, written explanation, etc.) as "other supporting documents" on the document upload page, later in this application.

Dentist License Number*

Dentist License Expiration Date*

* Auxiliary Personnel Information

- c. Select the “**Add New**” option to begin adding your **Auxiliary Personnel Information**.

- Attestation
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Dentist License Number*

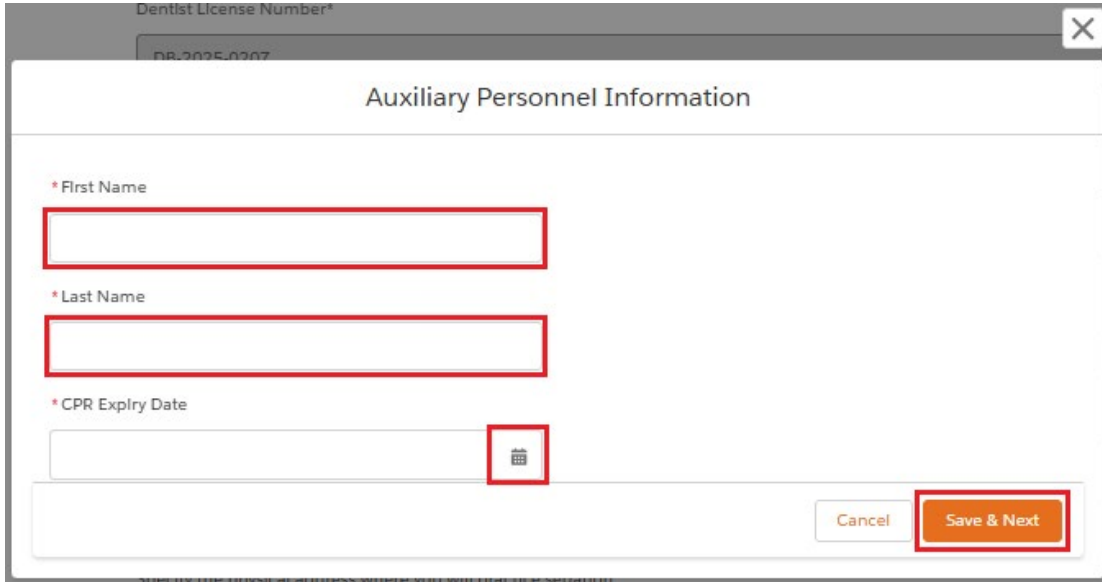
Dentist License Expiration Date*

* Auxiliary Personnel Information

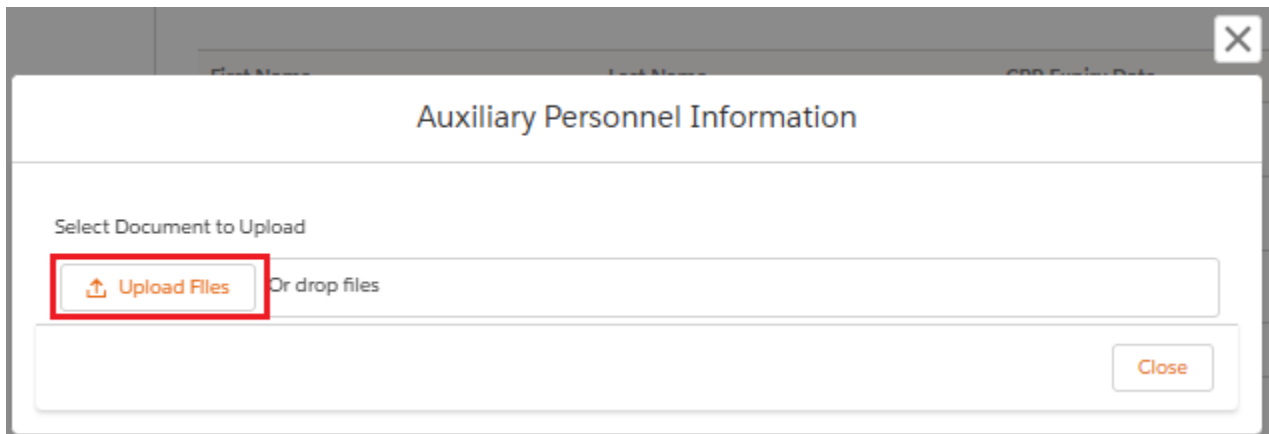
Add New

First Name	Last Name	CPR Expiry Date	Action

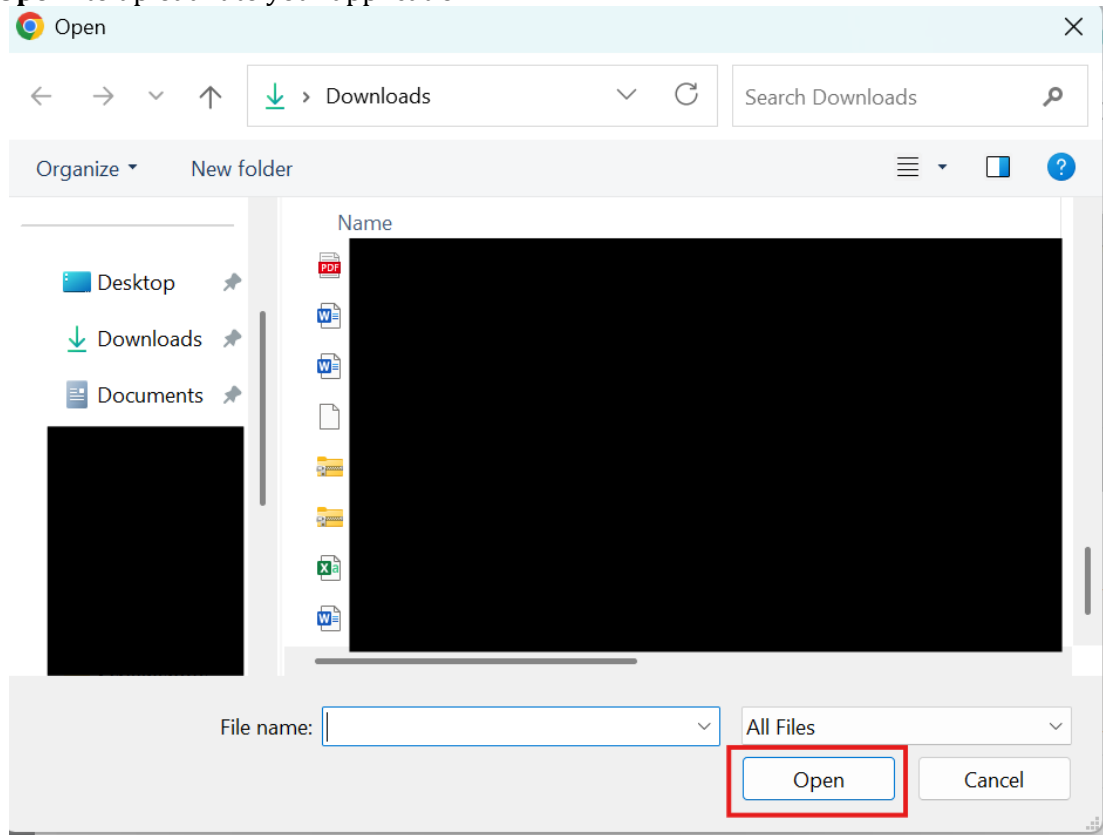
- d. Enter the **First Name** and **Last Name** into the appropriately labeled text boxes. Then enter the personnel's **CPR Expiry Date** by selecting the **Calendar** icon or entering the date in **MM/DD/YYYY** format. Finalize your entry by clicking "**Save & Next**".



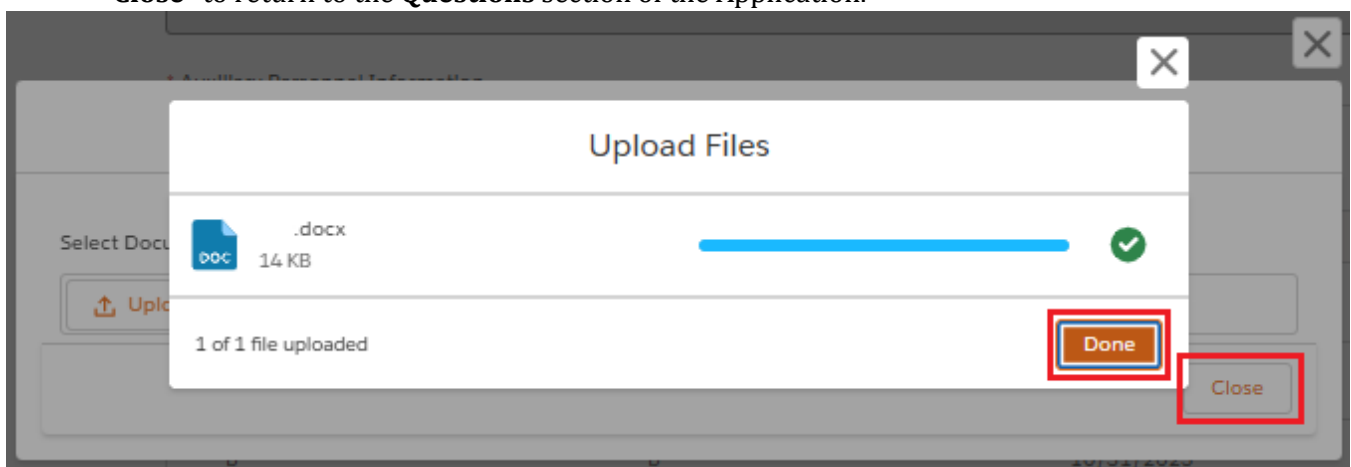
- e. You will then be prompted to upload a document for your **Auxiliary Personnel**. Click "**Upload Files**" to open your computer's file directory.



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



- g. When the green check mark appears on the right next to the blue progress bar, select **“Done”** then **“Close”** to return to the **Questions** section of the Application.



- h. Repeat steps “c.” through “g.” of this section until all Auxiliary Personnel have been added to the **Auxiliary Personnel Information** section of the **Questions** page. You may use the **Action** dropdown if you need to **View**, **Edit**, or **Delete** your **Auxiliary Personnel Entry**. If all the information looks correct, select the “**Next**” button to continue.

[Add New](#)

First Name	Last Name	CPR Expiry Date	Action
		10/31/2025	View
		10/31/2025	Edit
			Delete

- i. Question 2 asks which **Sedation Type** you are applying for. Use the **dropdown** to select the type. You will then be prompted to enter the **Physical Address** where you will be practicing Sedation. Enter the entire address using the **Street**, **City**, **State**, and **Zip Code** fields.

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- ✔ Introduction
- ✔ Basic 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

Dentist License Number*

DB-2025-0207

Dentist License Expiration Date*

06-30-2028

* Auxiliary Personnel Information

[Add New](#)

First Name	Last Name	CPR Expiry Date	Action
Test	Test	10/31/2025	▼

* Which Sedation type are you applying for?

Specify the physical address where you will practice sedation

* Street

* City

* State

* Zip Code

- j. Answer Question 3 using the “**Yes**” or “**No**” radio button. Selecting “**No**” to will populate an additional table for you to enter the **Administering Agent’s Information** and two text boxes for you to list all **Anesthetic/Sedative Agents** and **Mechanical Monitoring Equipment**. Click “**Add New**” to open the **RLD Administering Agent** form.

* Will the dentist be administering anesthesia?

☐ Yes
☒ No

* Administering Agent Info Table

Add New

Name	Location	Name of Hospital	Staff Category	DEA	Agent Type	Action

- i. Enter the relevant information into each of the **First Name**, **Last Name**, **Name of Hospital**, **DEA**, **Staff Category**, and **Location** text fields. Then use the **Agent Type** dropdown to select the appropriate option from the list. Click “**Save**” to finalize your entry and return to the **Questions** section of your application.

2550 Cerrillos Road

RLD Administering Agent

* First Name

* Last Name

* Name Of Hospital

* DEA

* Staff Category

* Agent Type

Select Agent Type

* Location

Cancel Save

- ii. You may use the **Action** dropdown if you need to **View**, **Edit**, or **Delete** your **Administering Agent Information**.

* Administering Agent Info Table

Add New

Name	Location	Name of Hospital	Staff Category	DEA	Agent Type	Action
					Anesthesiologist	View Edit Delete
					Anesthesiologist	

- iii. Finally, list all **Anesthetic/Sedative Agents** and **Mechanical Monitoring Equipment** in each text box as described by the help text above each box.

* Administering Agent Info Table

Add New

Name	Location	Name of Hospital	Staff Category	DEA	Agent Type	Action
Test Test	New Mexico	RUST	FTE	123456789	Anesthesiologist	▼

* List all anesthetic/sedative agents that you or auxillary anesthesia personnel will administer upon renewal of your permit.
If listing multiple anesthetic/sedative agents please use commas in between each agent.

* List the mechanical monitoring equipment routinely used in your office during the administration of any sedative agent.
If listing multiple mechanical monitoring equipment, please use commas in between each piece of equipment

- k. Answer Questions 4-7 using the “Yes” or “No” radio buttons under each question. Selecting “Yes” to any of these questions will populate an additional text field 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.

* List the mechanical monitoring equipment routinely used in your office during the administration of any sedative agent.
If listing multiple mechanical monitoring equipment, please use commas in between each piece of equipment

* Have you ever had your hospital privileges revoked, withdrawn, or denied for any reason?

☒ Yes
☐ No

* Provide any relevant details below. You are also required to upload any related documentation as other supporting documents on document upload page, later in this application

* Has your DEA license ever been suspended or revoked?

☐ 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.S.1.30 NMAC?

☐ Yes
☐ No

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or institution?

☐ Yes
☐ No

* Person Training Table

Add New

Institution Name	Training Type	Start Date	Completion Date	Action
------------------	---------------	------------	-----------------	--------

Save for later

Previous Next

- l. After all other questions are answered, select “**Add New**” on the **Person Training Table** to begin entering information.

* Have you ever had your hospital privileges revoked, withdrawn, or denied for any reason?

☐ Yes
☒ No

* Has your DEA license ever been suspended or revoked?

☐ 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

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or institution?

☐ Yes
☒ No

* Person Training Table

Institution Name	Training Type	Start Date	Completion Date	Action
				Add New

Save for later

Previous Next

- m. Enter the **Institution Name** into the text field. Use the **Training Type** dropdown to select **ACLS** or **PALS**. Then enter the **Start Date** and **Completion Date** of the training using the **Calendar** icon or enter them using **MM/DD/YYYY** format. When you’re finished, click “**Save**” to complete your entry and return to the **Questions** section.

Test

Person Training

* Institution Name

* Training Type

Select Training Type 

* Start Date



* Completion Date



Cancel Save

- n. You may use the **Action** dropdown if you need to **View**, **Edit**, or **Delete** your **Person Training** entry. When you've added all the relevant entries into the **Person Training Table**, click "**Next**" to progress.

* Have you ever voluntarily surrendered a license or certification to practice dentistry or any other health related profession in any state, foreign country, territory, or Institution?

☐ Yes
☒ No

* Person Training Table

Institution Name	Training Type	Start Date	Completion Date	
				Add New View Edit Delete

Save for later

Previous **Next**

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

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Certification for Advanced Cardiovascular Life Support				
* Other Supporting Documents	Any supporting documents that could assist in review of the application.			
* Current Cardiac Pulmonary Resuscitation (CPR) or Basic Life Support (BLS)/Card	Proof of current basic life support (BLS) or cardiac pulmonary resuscitation (CPR) certification accepted by the American heart association, the American red cross; or the American safety and health Institute (ASHI); cannot be a self-study course			
* Proof of Sedation Training				
* Affidavit of Compliance	Upload a signed copy of Affidavit of Applicant Application available on Website			

Save for later

Previous **Next**

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

Upload

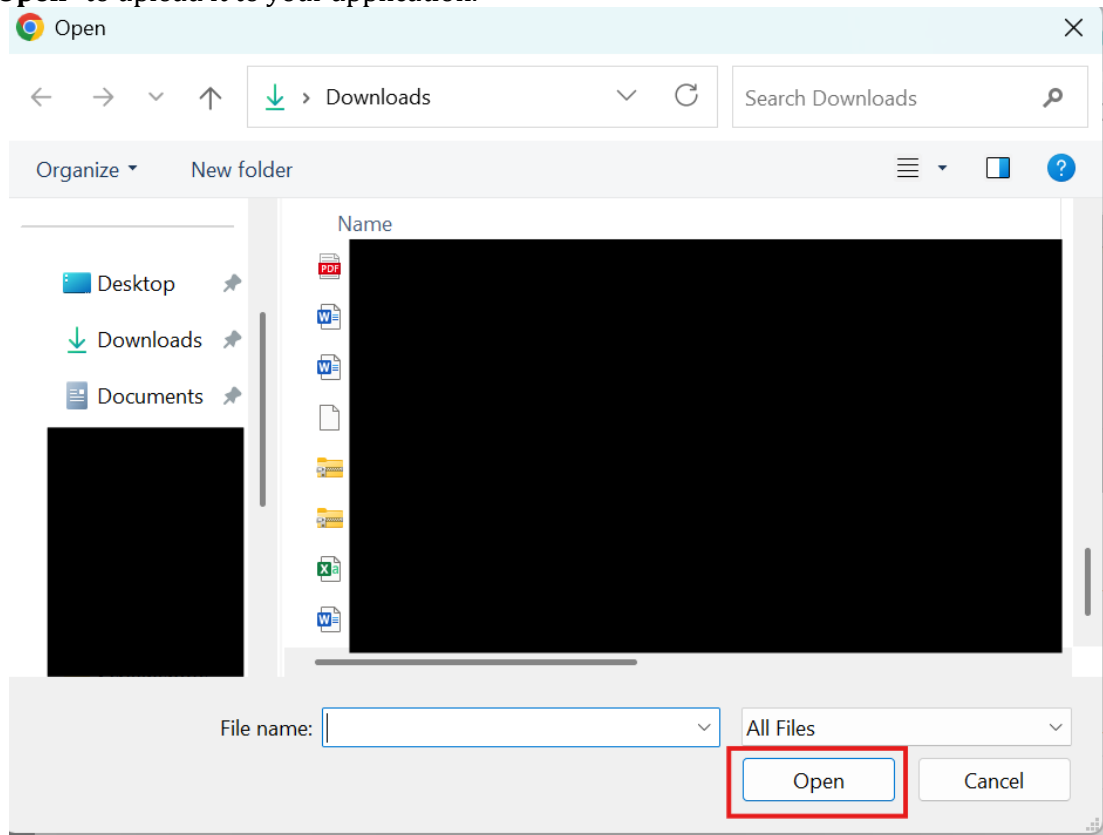
Please attach a copy of the required document.

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

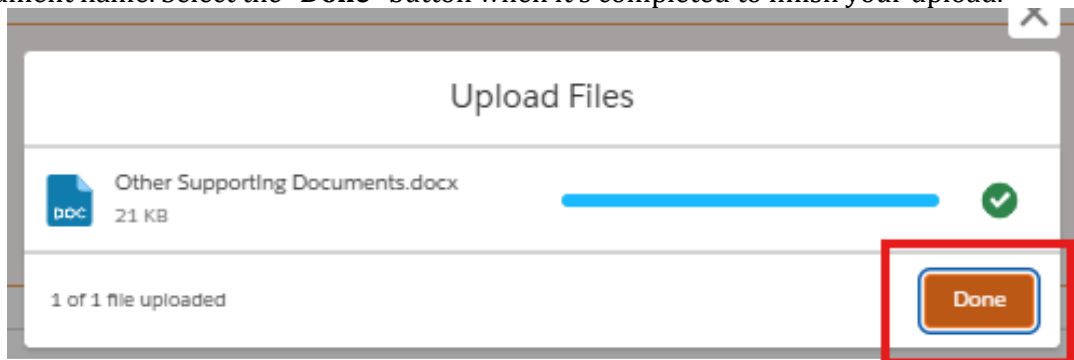
Close

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



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

- c. The file will notify you when it has finished uploading with a green check mark to the right of the document name. Select the **“Done”** button when it's completed to finish your upload.



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

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, tiff, jpg, jpeg, tiff, csi.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

[Upload Files](#) Or drag files

Other Supporting Documents.docx

Close

- 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.

RLD Intake

- Introduction
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Certification for Advanced Cardiovascular Life Support		Upload	test	
* Other Supporting Documents	Any supporting documents that could assist in review of the application.	Upload	test	
* Current Cardiac Pulmonary Resuscitation (CPR) or Basic Life Support (BLS)Card	Proof of current basic life support (BLS) or cardiac pulmonary resuscitation (CPR) certification accepted by the American heart association, the American red cross, or the American safety and health Institute (ASHI); cannot be a self-study course	Upload	test	
* Proof of Sedation Training		Upload	test	
* Affidavit of Compliance	Upload a signed copy of Affidavit of Applicant Application available on Website	Upload	test	

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

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

8. On the **Attestation** page, review the statement on the screen. Then select the **checkbox** to certify your agreement. After, enter your **Full Name** in the **Applicant Name** text field and select the “**Next**” button at the bottom right. **Today’s Date** will automatically populate in the grey **Date** field.

RLD Intake

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Attestation

Application Attestation

☒ I hereby certify 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 have read the rules and I am In compliance with the standards for the administration of analgesia and/or anesthesia at the level applied for and as defined In the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

I understand that CRNA anesthetists may administer anesthetic agents In dental offices only after the operating dentist has submitted proof of required sedation/anesthesia training for supervision. An M.D. or D.O. anesthesiologists may administer anesthetic agents In dental offices only after the anesthesiologist, dentist, office or facility, and staff has been evaluated by the Anesthesia Evaluation Committee and a permit is Issued by the New Mexico Board of Dental Health Care.

I also understand applicants for Moderate Parenteral Sedation or Deep Sedation /General Anesthesia may be requested to complete an office anesthesia evaluation approximately every six years (or sooner If deemed necessary by the Board of Anesthesia Committee) and that the permit is Issued for a specific practice location. Applicants for a Minimal or Moderate Enteral Sedation permit may also be required to undergo an office evaluation at the Board's discretion.

* Applicant Name

Date

Save for later

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

RLD Intake

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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

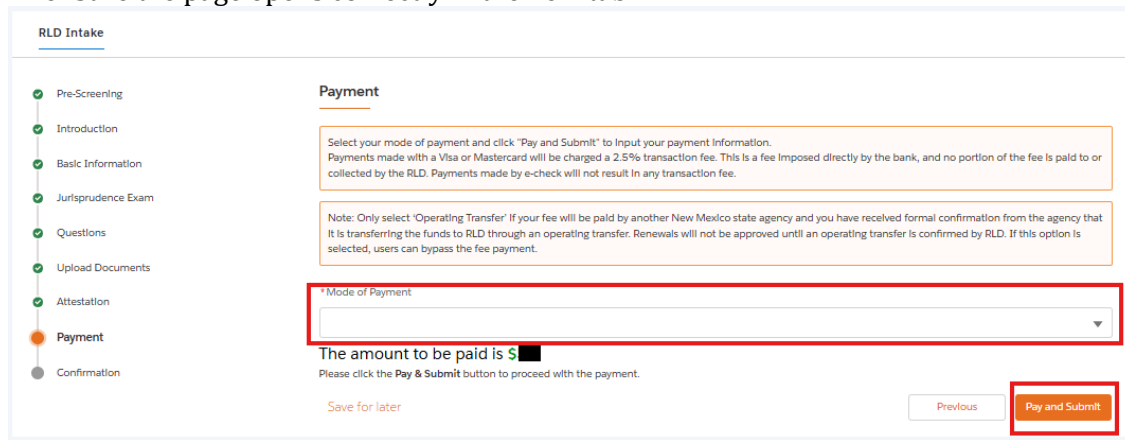
The amount to be paid is \$ [REDACTED]

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

Save for later

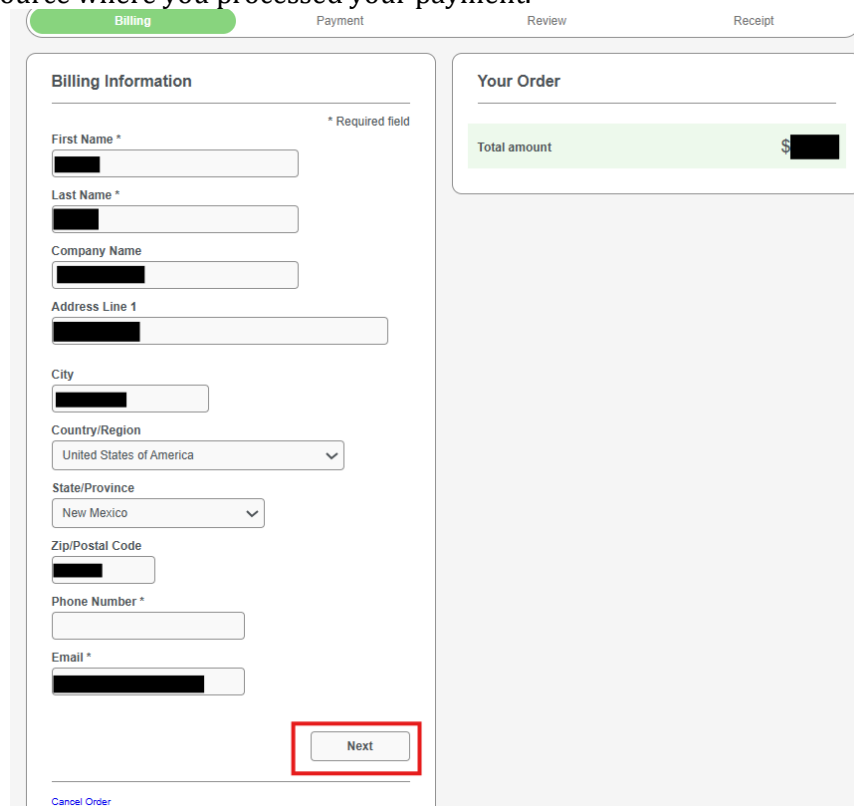
Previous **Pay and Submit**

- 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.

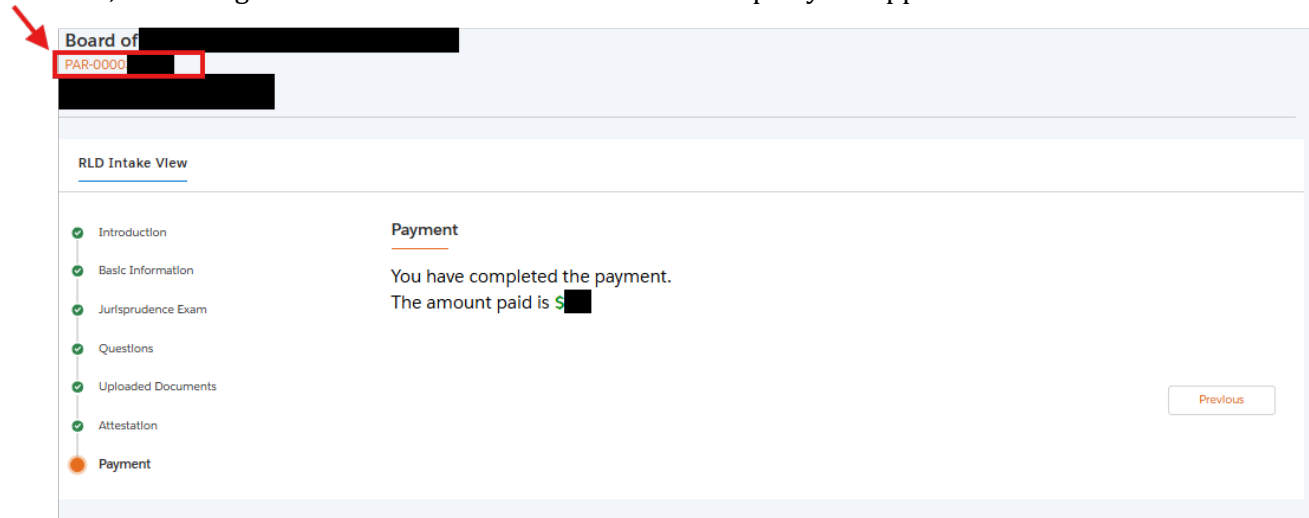


Note: Payment is a separate system, and your credit card info is not stored or saved by RLD. CyberSource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.

- 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.



10. 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
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Payment

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

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11. 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](#)