Board of Dental Health Care

Sedation Application User Guide

NMRLD
NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

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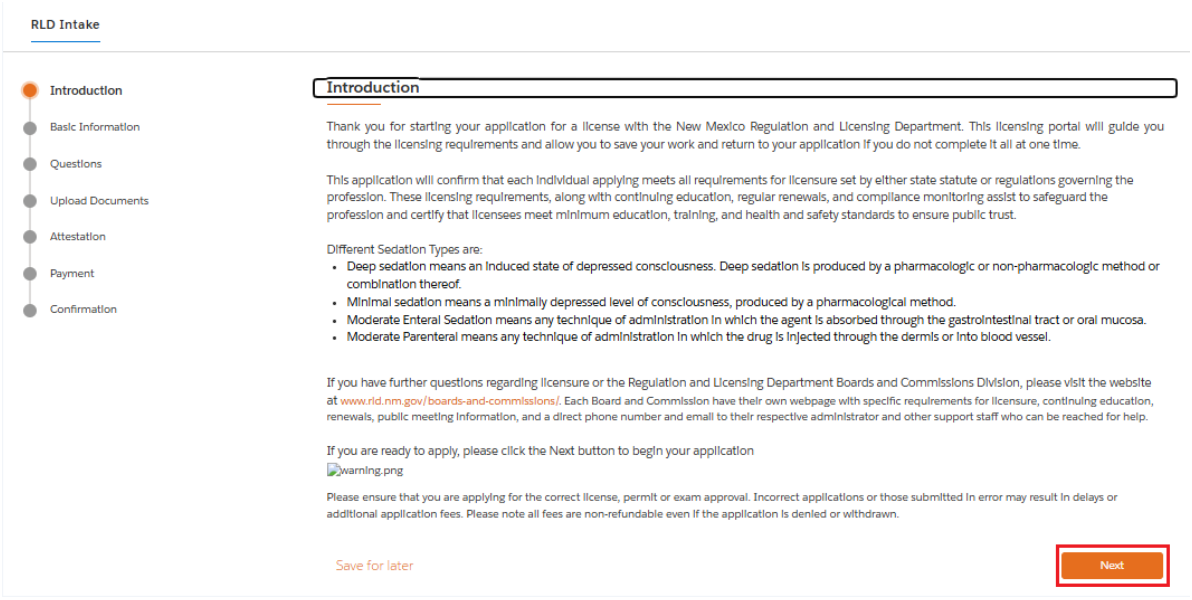
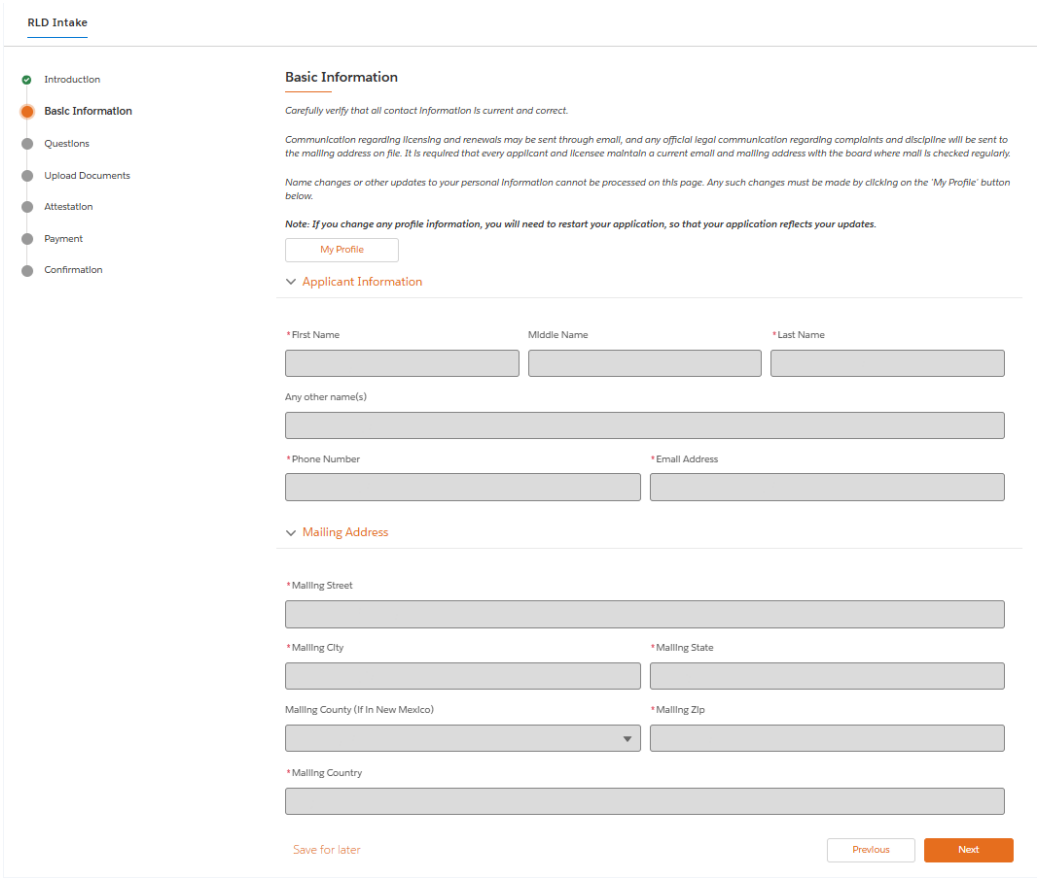
Application for Sedation

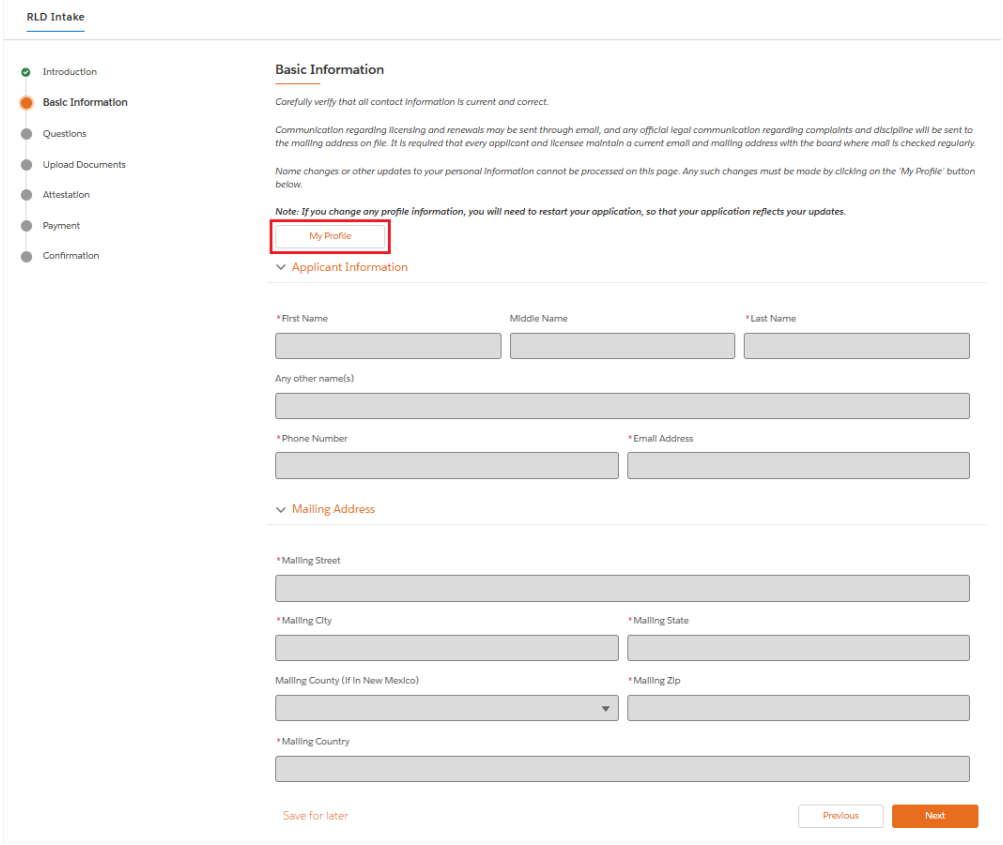
1. In the **Introduction** step, read the information carefully, then click "**Next**".



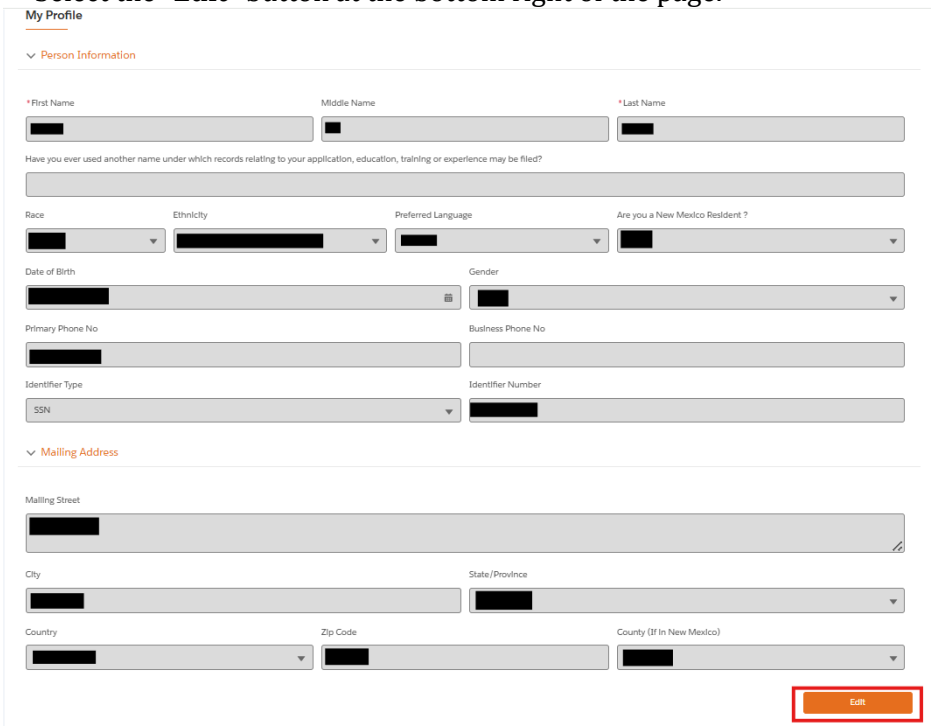
2. On the **Basic Information** page, verify that all information is valid and up to date.



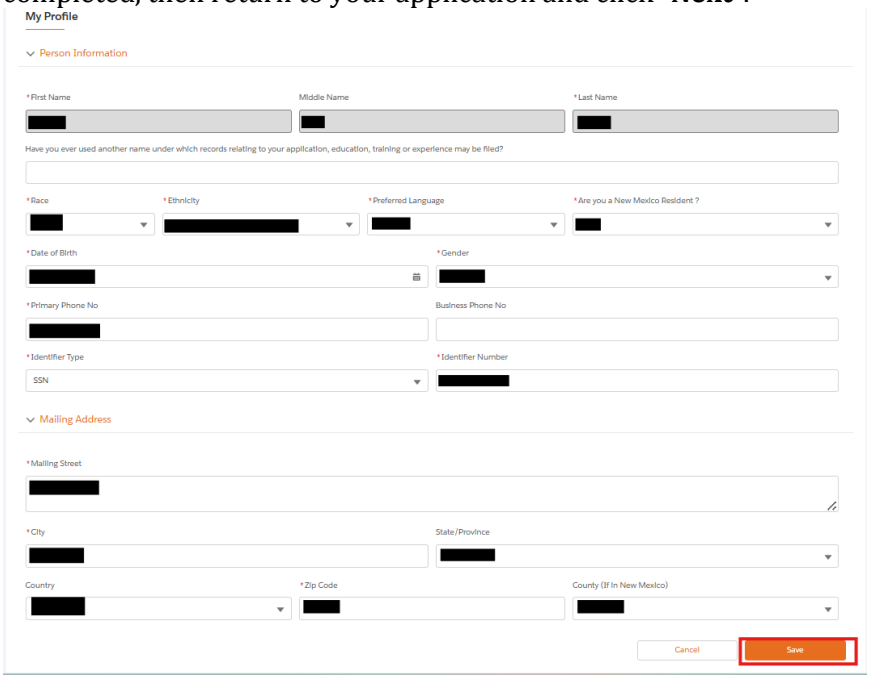
a. If your information is **Not Up to Date**, select the "**My Profile**" button at the top left to update your information.



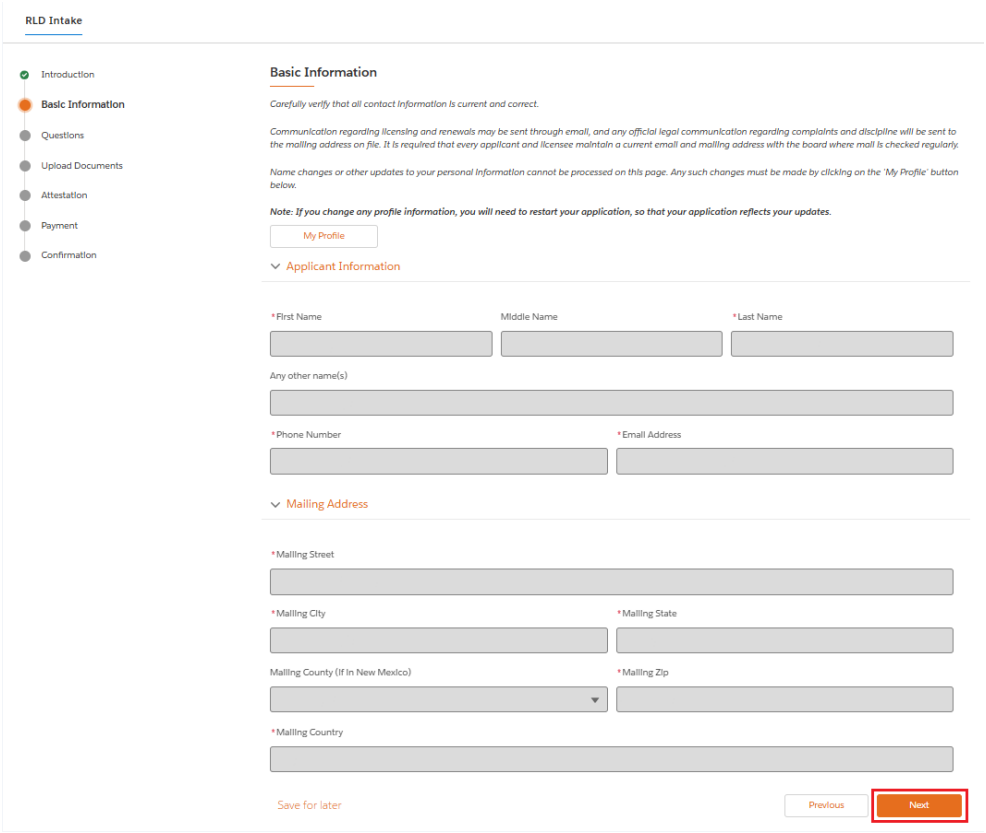
i. Select the "**Edit**" button at the bottom right of the page.



ii. Enter in all relevant updated data and select "**Save**" at the bottom right when completed, then return to your application and click "**Next**".



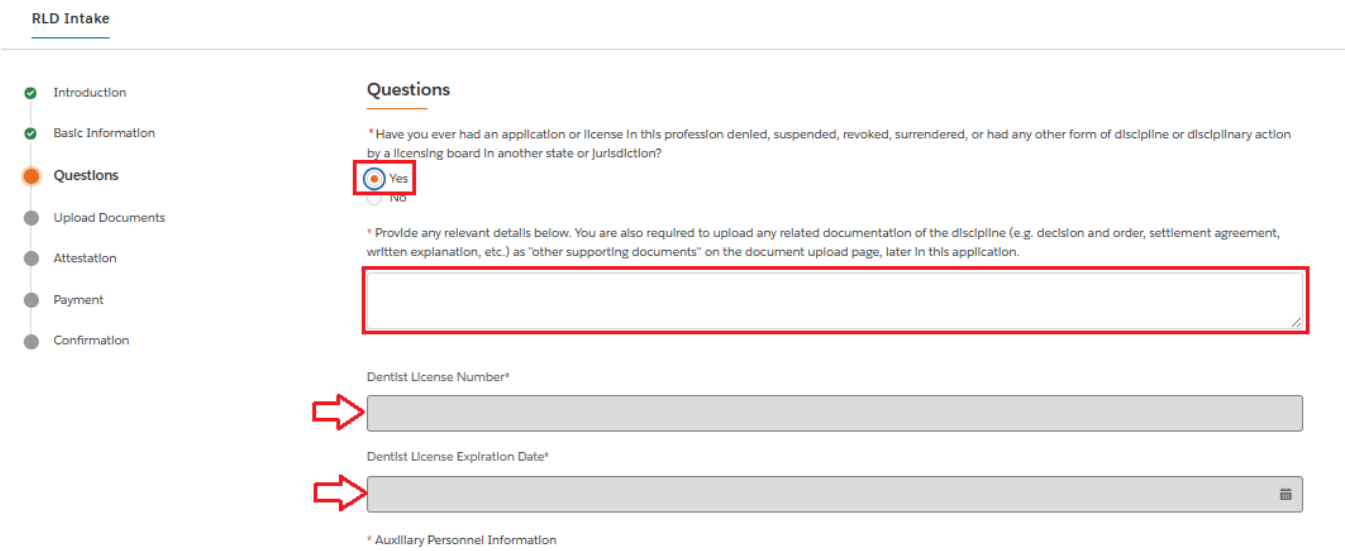
iii. If your information is **Up to Date**, select the "**Next**" button at the bottom right of the page.



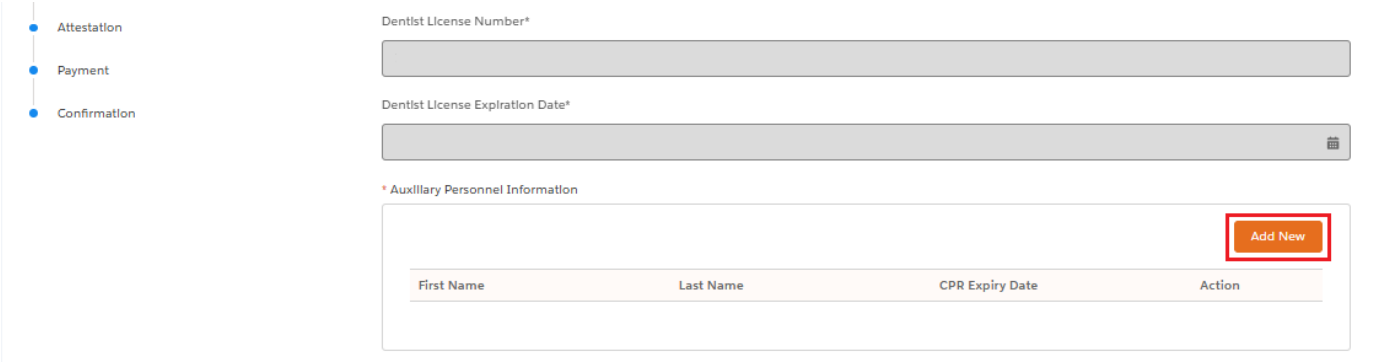
6. In the **Questions** section, you will answer questions regarding your history and licensure. Please answer every question, as they are all required to proceed to the next page.

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.

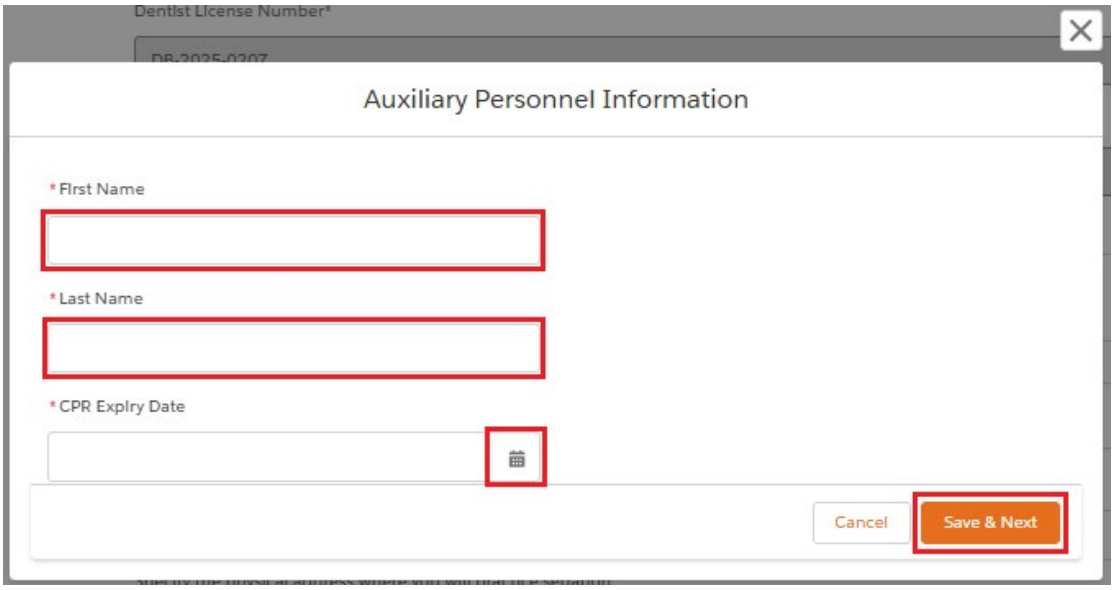
b. Your **Dentist License Number** and **Expiration Date** will automatically populate in the grey boxes. You do not need to edit these fields.



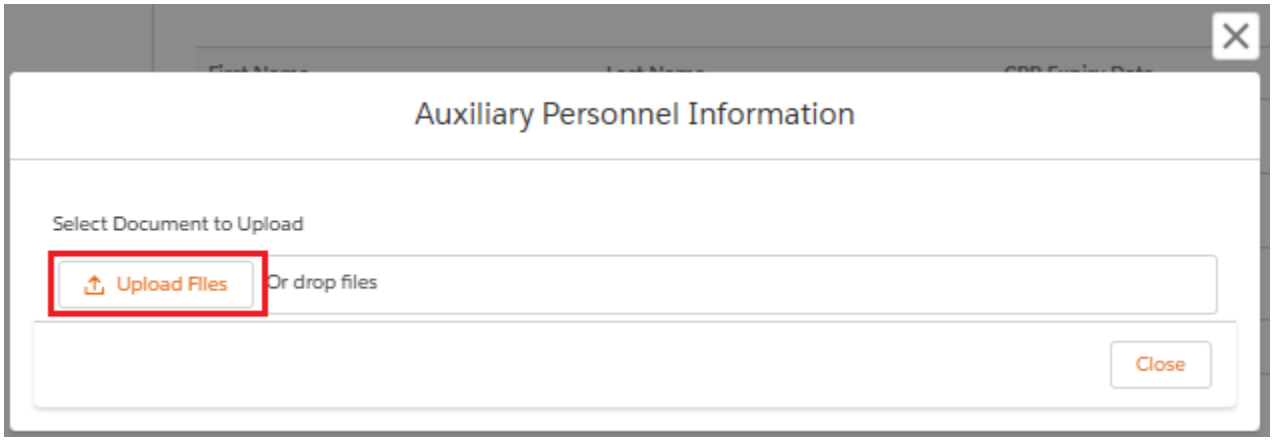
c. Select the "**Add New**" option to begin adding your **Auxiliary Personnel Information**.



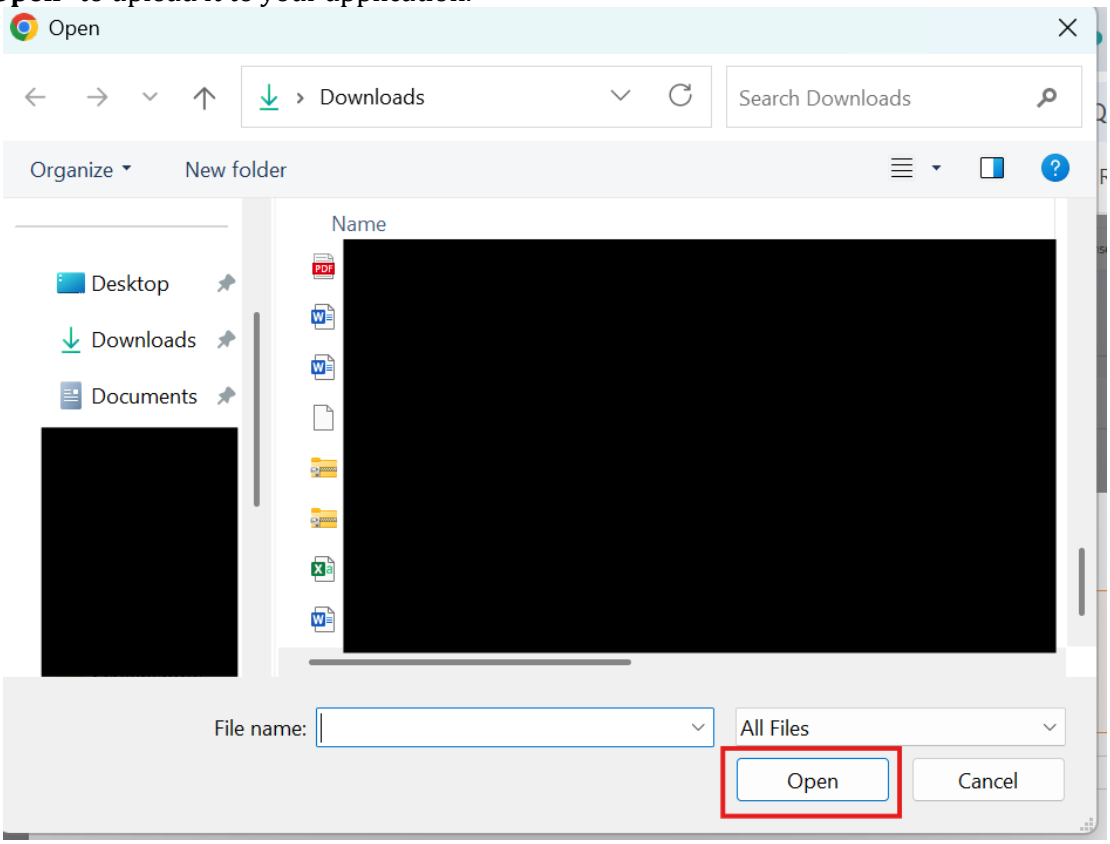
d. Enter the **First Name** and **Last Name** into the appropriately labeled text boxes. Then enter the personnel's **CPR Expiry Date** by selecting the **Calendar** icon or entering the date in **MM/DD/YYYY** format. Finalize your entry by clicking "**Save & Next**".



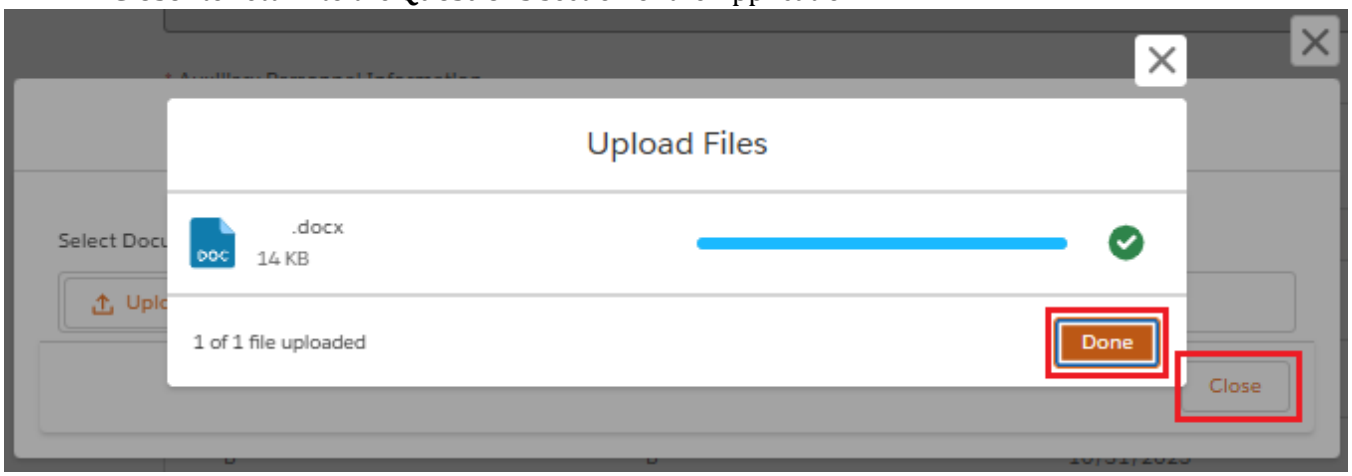
e. You will then be prompted to upload a document for your **Auxiliary Personnel**. Click "**Upload Files**" to open your computer's file directory.



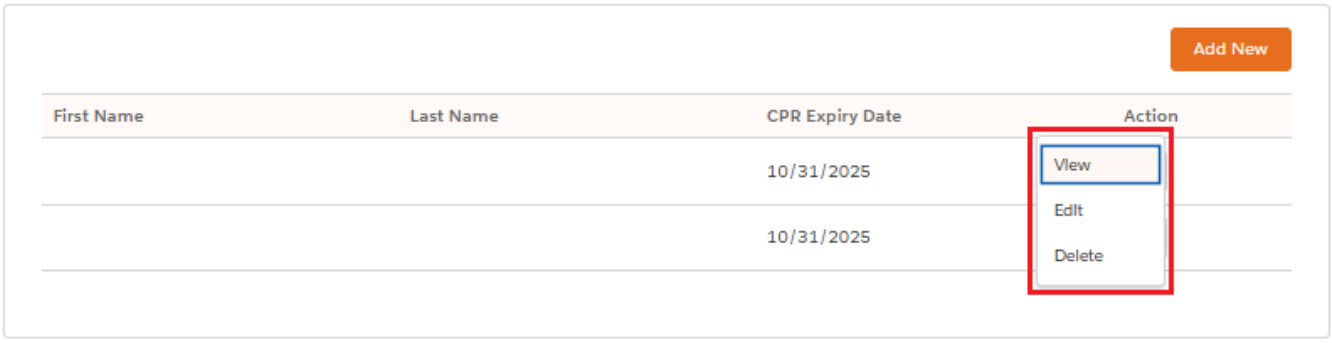
f. Select the appropriate document requested by the Dental Board from your files and then select "**Open**" to upload it to your application.



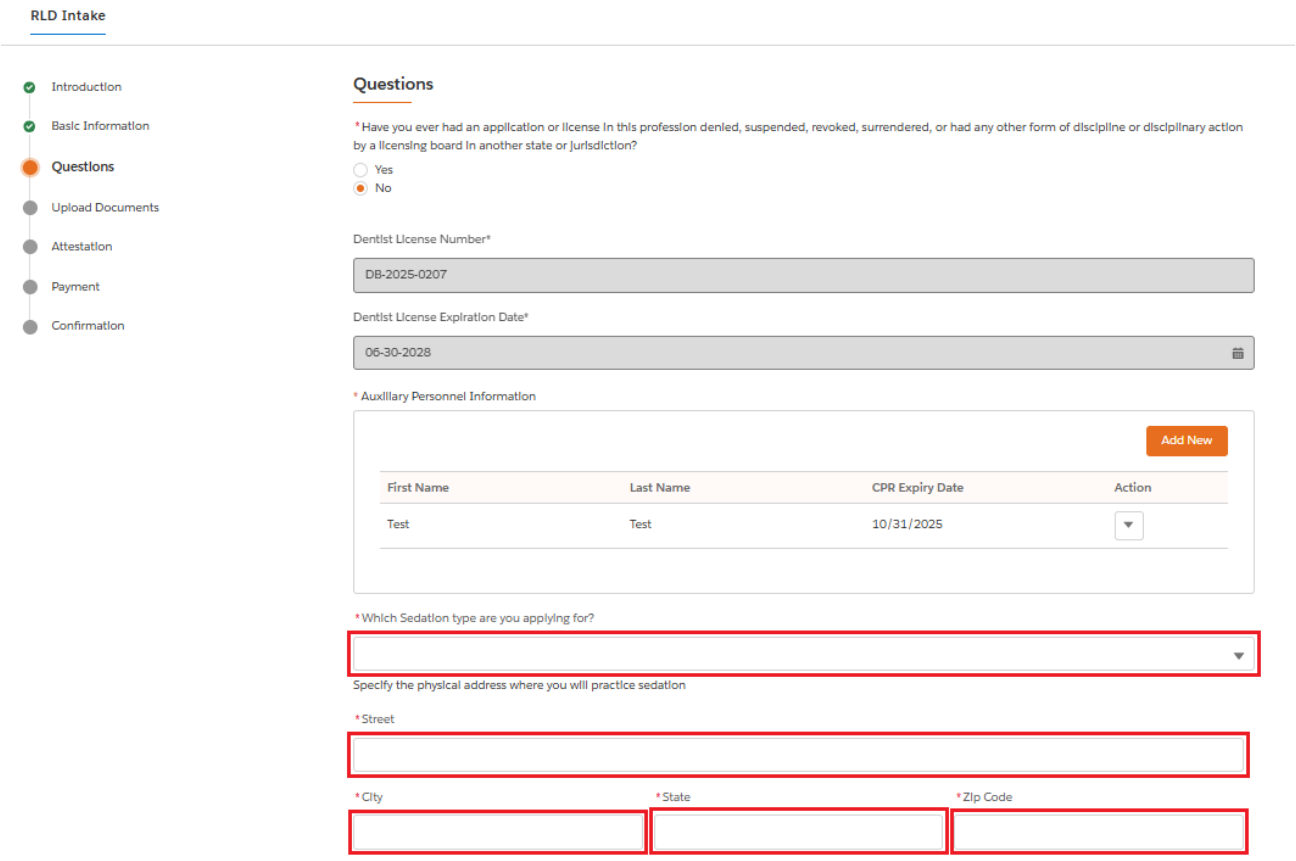
g. When the green check mark appears on the right next to the blue progress bar, select "**Done**" then "**Close**" to return to the **Questions** section of the Application.



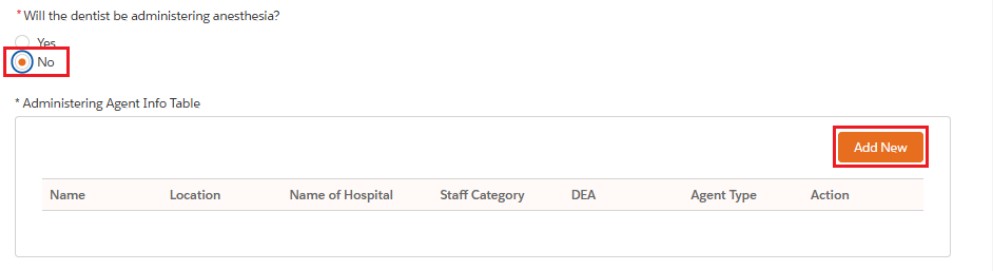
h. Repeat steps "c." through "g." of this section until all Auxiliary Personnel have been added to the **Auxiliary Personnel Information** section of the **Questions** page. You may use the **Action** dropdown if you need to **View**, **Edit**, or **Delete** your **Auxiliary Personnel Entry**. If all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



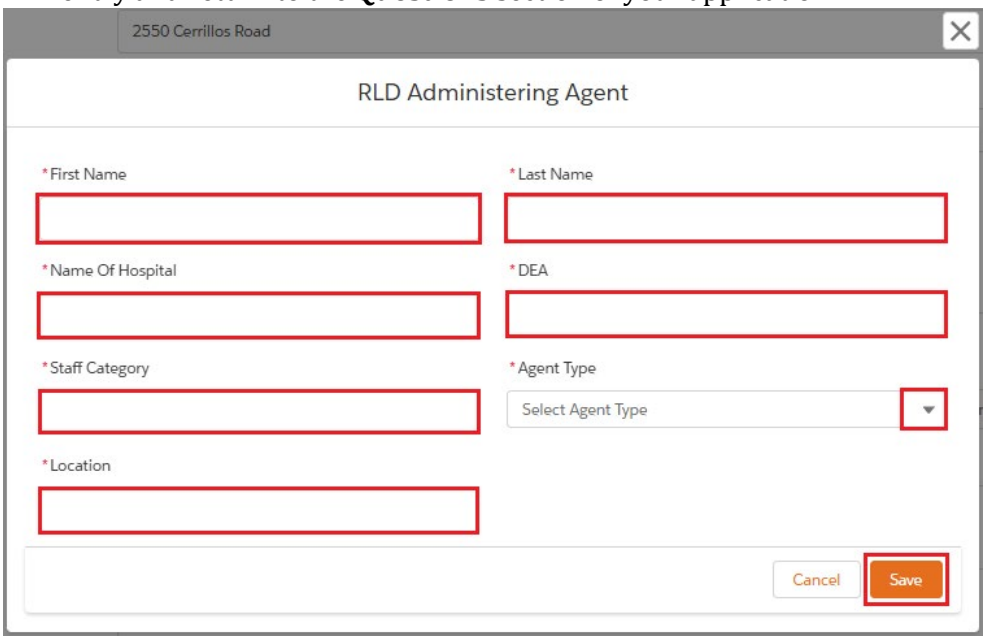
i. Question 2 asks which **Sedation Type** you are applying for. Use the **dropdown** to select the type. You will then be prompted to enter the **Physical Address** where you will be practicing Sedation. Enter the entire address using the **Street**, **City**, **State**, and **Zip Code** fields.



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.

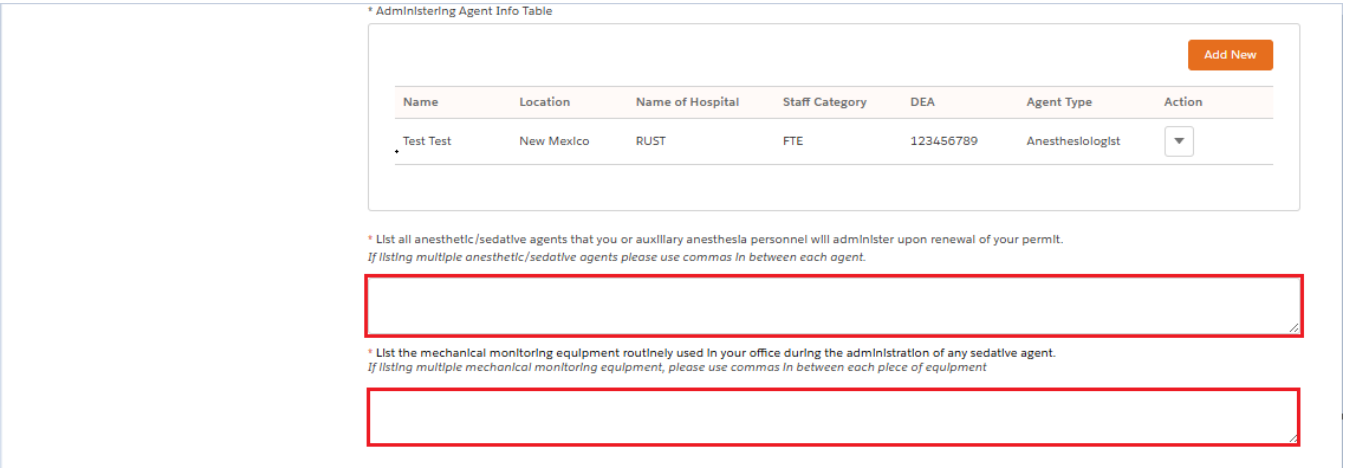


i. Enter the relevant information into each of the **First Name**, **Last Name**, **Name of Hospital**, **DEA**, **Staff Category**, and **Location** text fields. Then use the **Agent Type** dropdown to select the appropriate option from the list. Click "**Save**" to finalize your entry and return to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

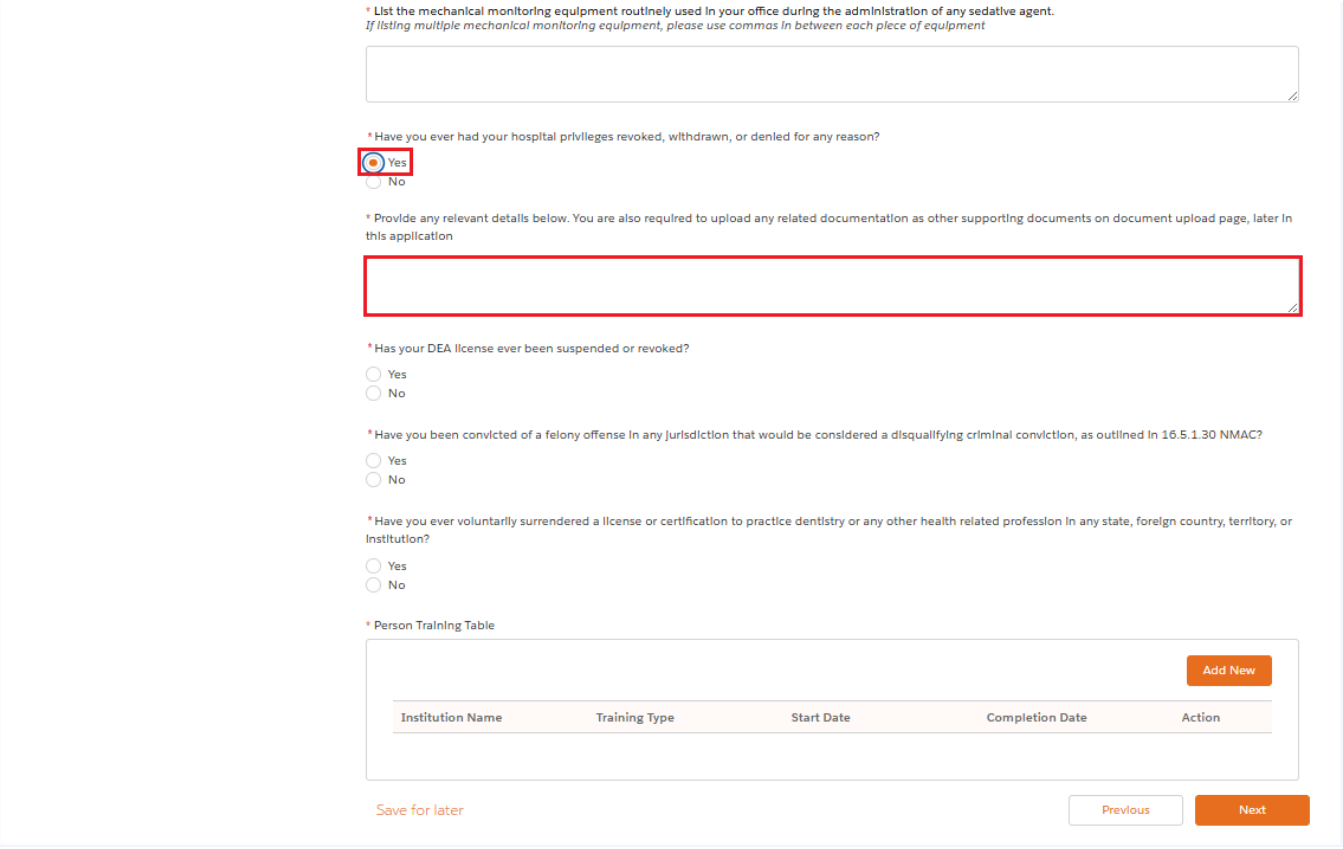


ii. You may use the **Action** dropdown if you need to **View**, **Edit**, or **Delete** your **Administering Agent Information**.

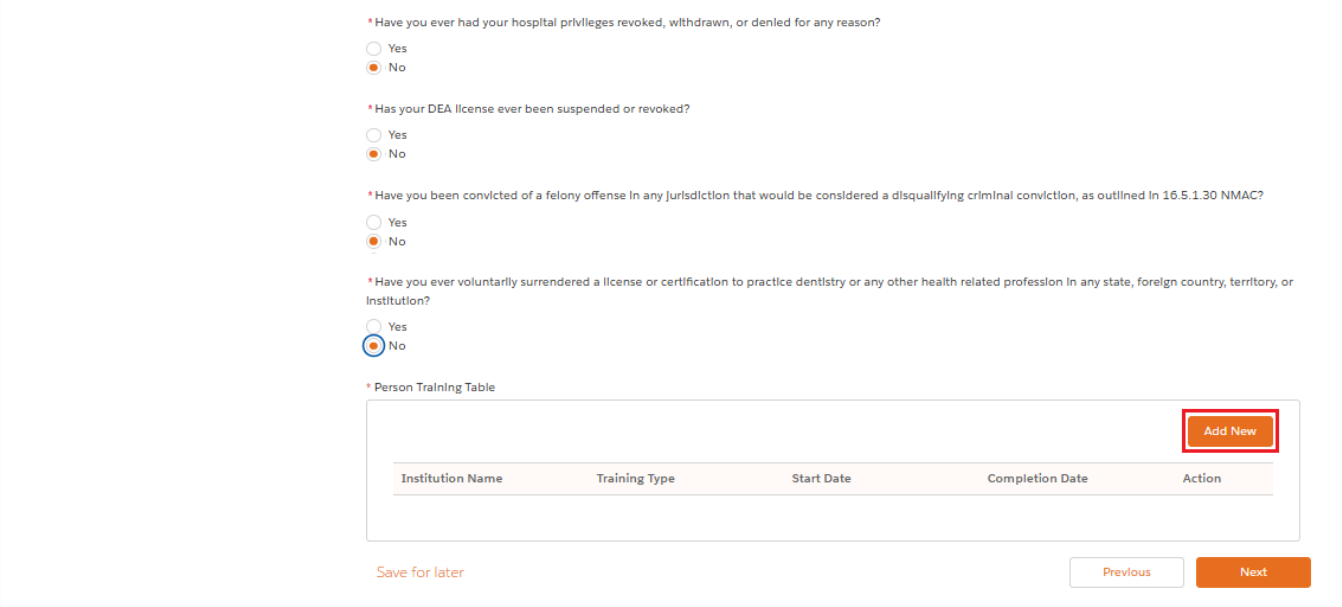
iii. Finally, list all **Anesthetic/Sedative Agents** and **Mechanical Monitoring Equipment** in each text box as described by the help text above each box.



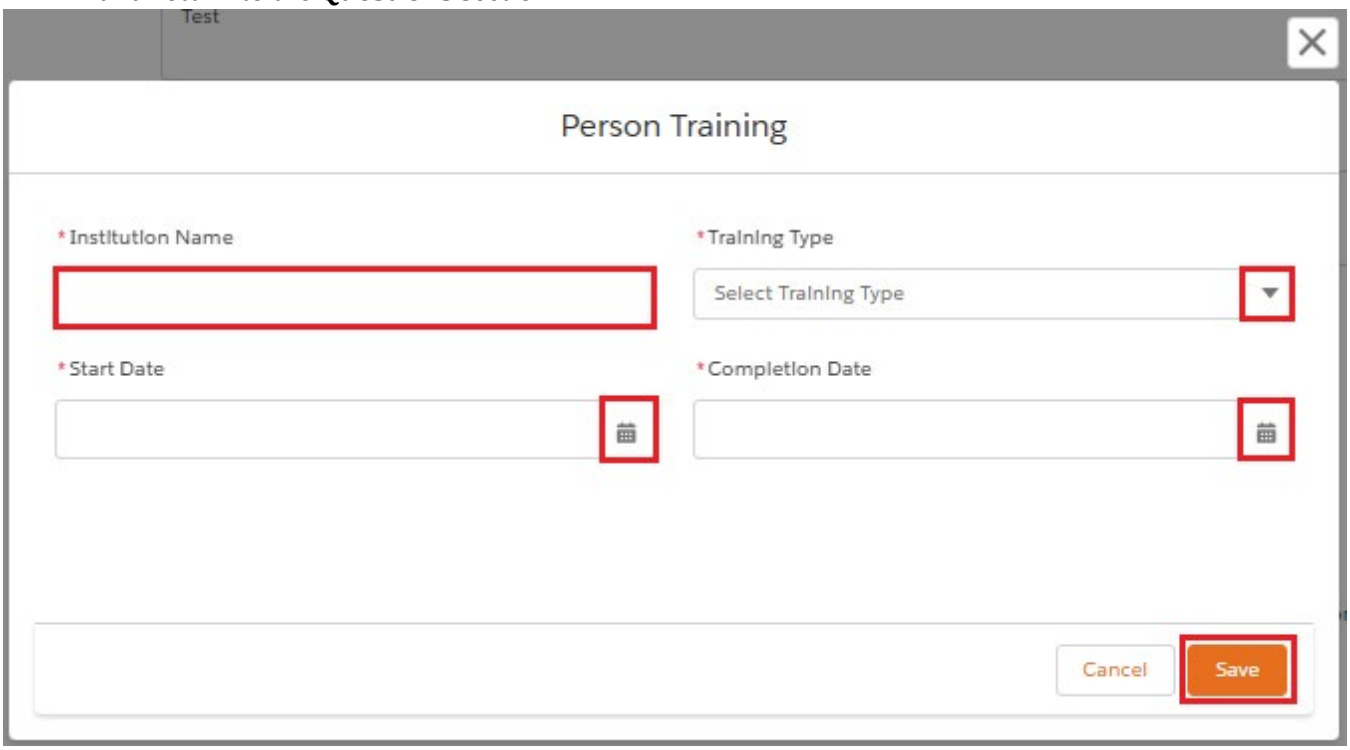
k. Answer Questions 4-7 using the "**Yes**" or "**No**" radio buttons under each question. Selecting "**Yes**" to any of these questions will populate an additional text field for you to **Provide Any Relevant Details** pertaining to the question. You will have an opportunity to upload **Supporting Documents** in a later section of the application.



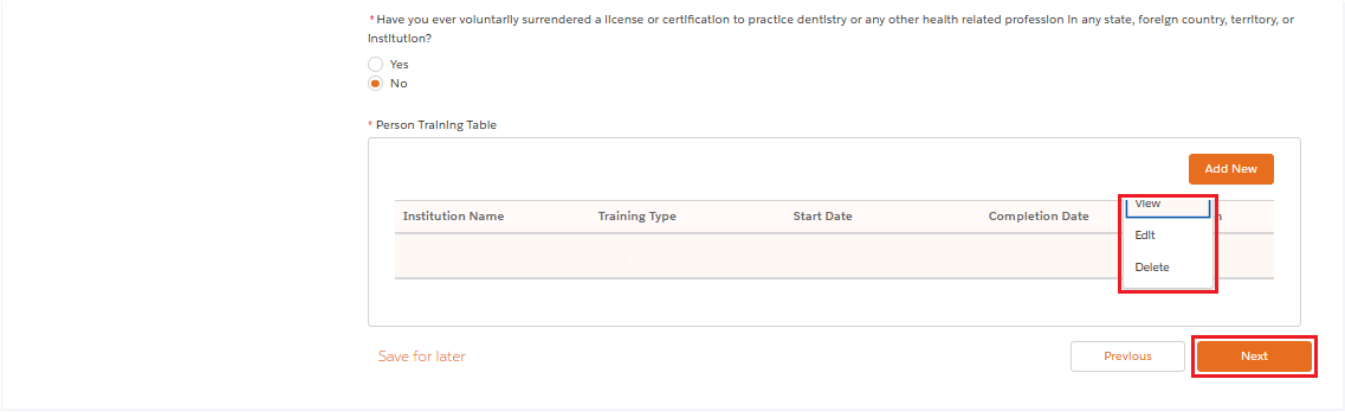
l. After all other questions are answered, select "**Add New**" on the **Person Training Table** to begin entering information.



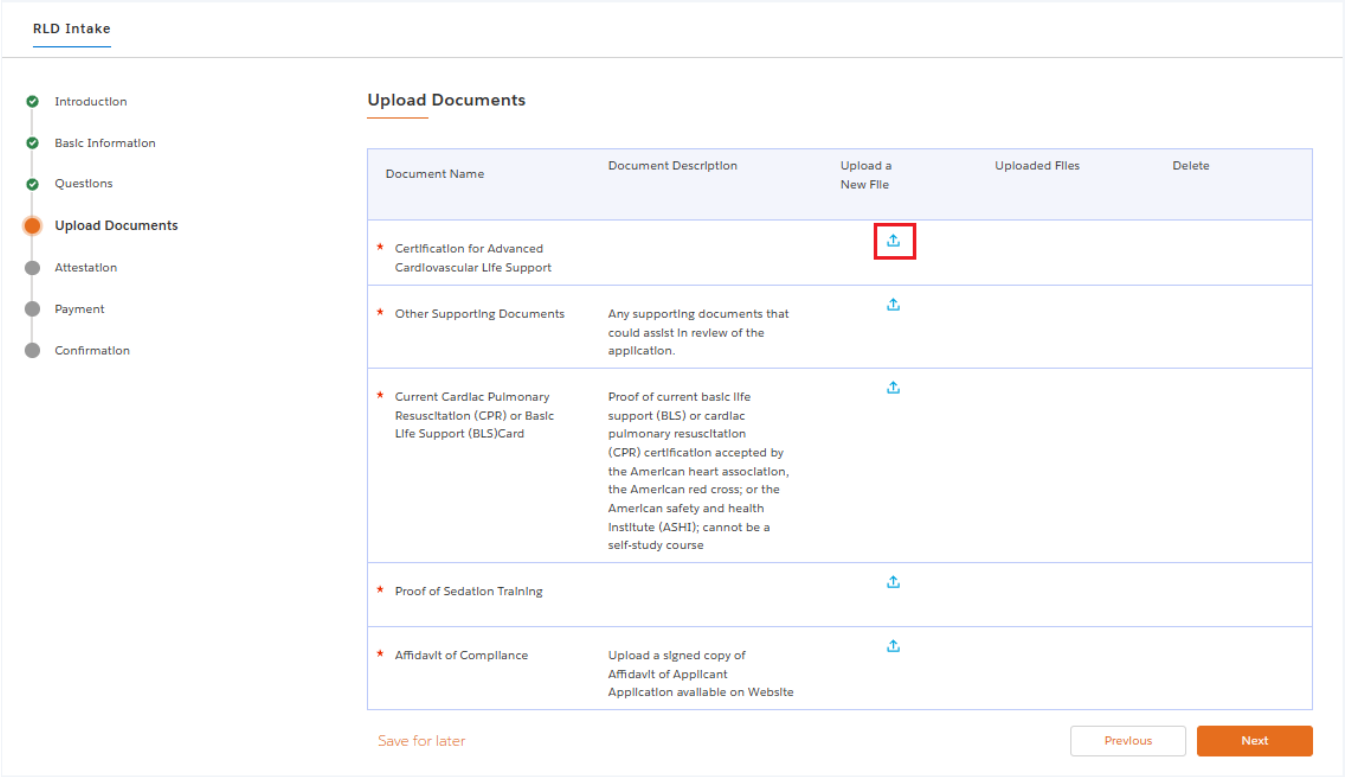
m. Enter the **Institution Name** into the text field. Use the **Training Type** dropdown to select **ACLS** or **PALS**. Then enter the **Start Date** and **Completion Date** of the training using the **Calendar** icon or enter them using **MM/DD/YYYY** format. When you're finished, click "**Save**"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



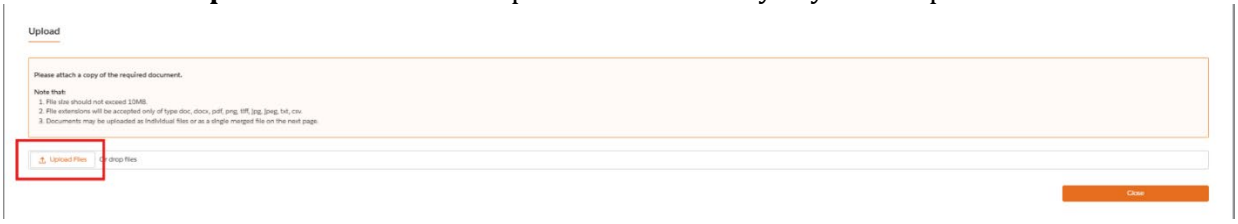
n. You may use the **Action** dropdown if you need to **View**, **Edit**, or **Delete** your **Person Training** entry. When you've added all the relevant entries into the **Person Training Table**, click "**Next**" to progress.



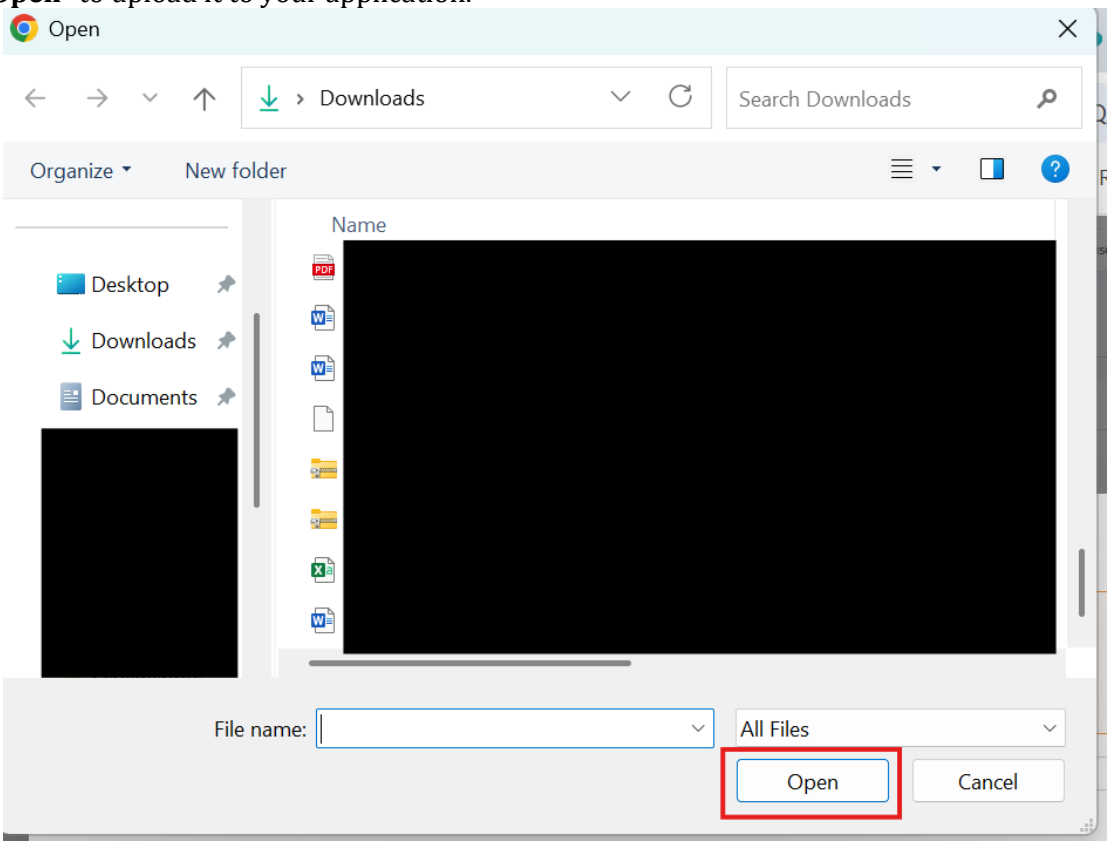
7. In the **Uploaded Documents** section, click the blue "**Upload"** icon to begin select the document to upload. All fields marked with a red asterisk (*) are mandatory for your application.



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

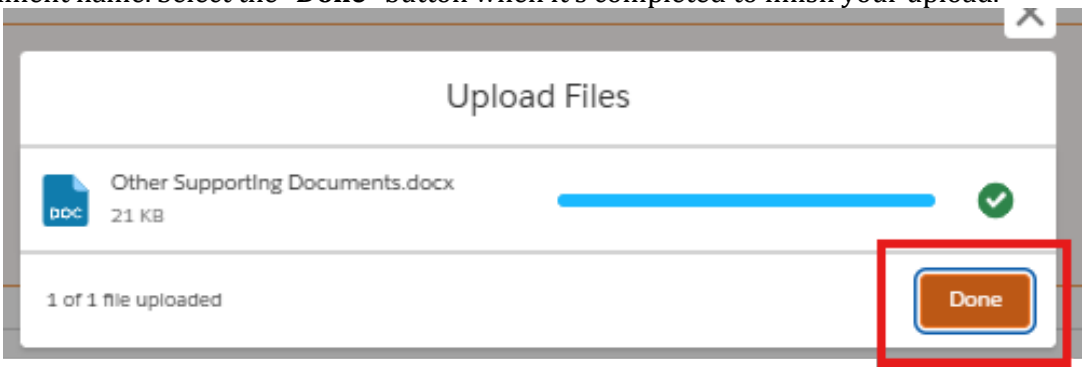


b. Select the appropriate document requested by the Dental Board from your files and then select "**Open**" to upload it to your application.



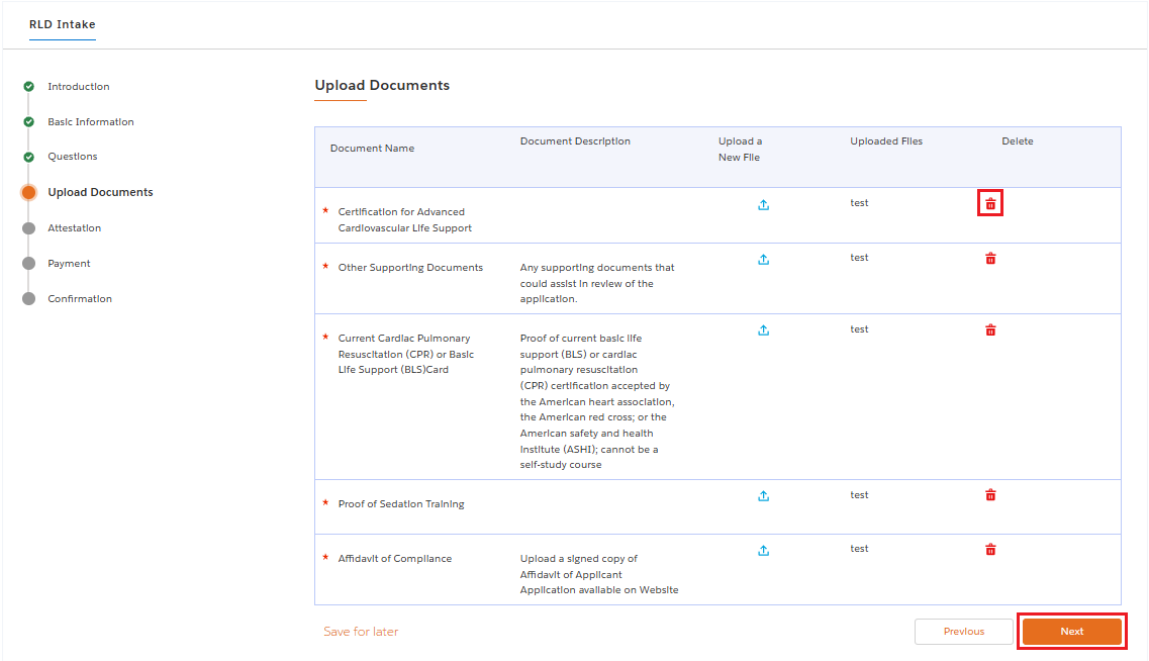
Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you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



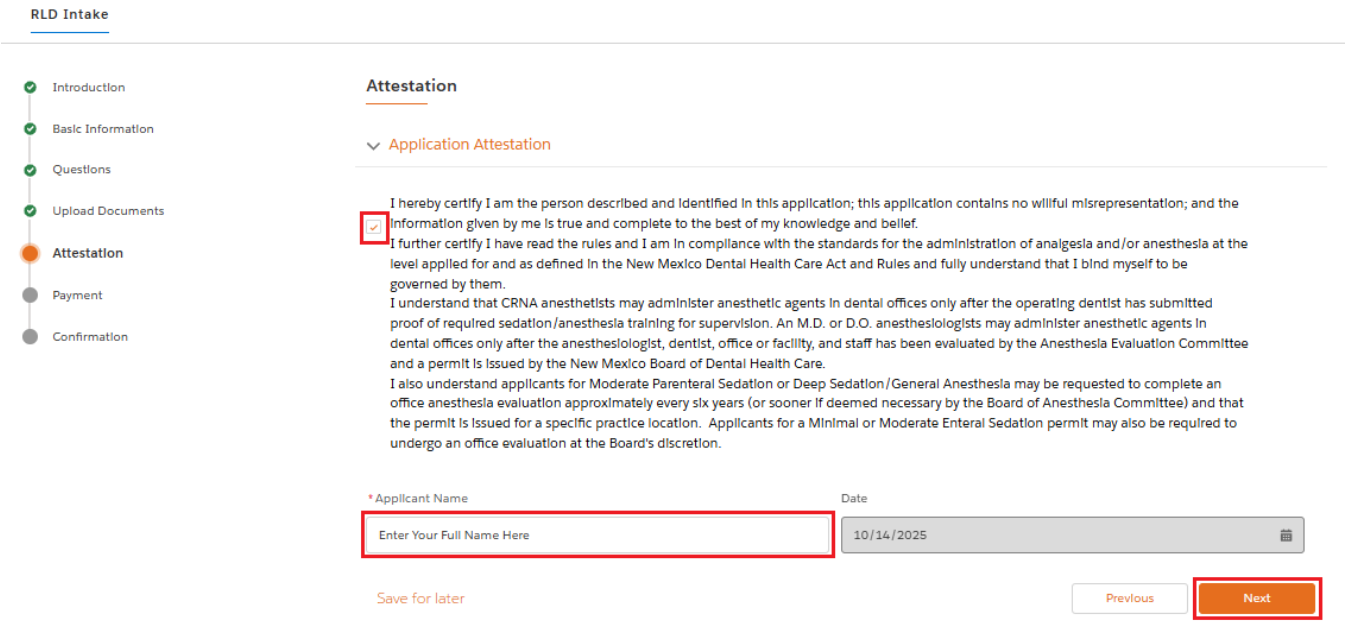
d. You will be able to see your document added and can then select the "**Close**" option.

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.

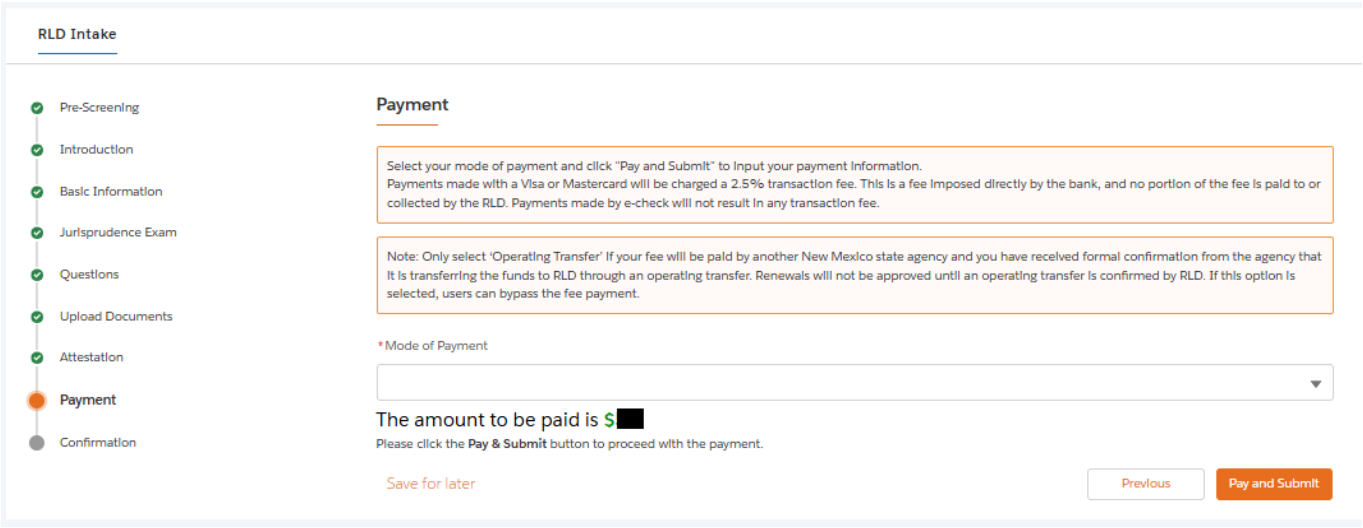


f. Repeat steps 9-14 until all required documents (*) have been uploaded. Then click the "**Next**". button to proceed.

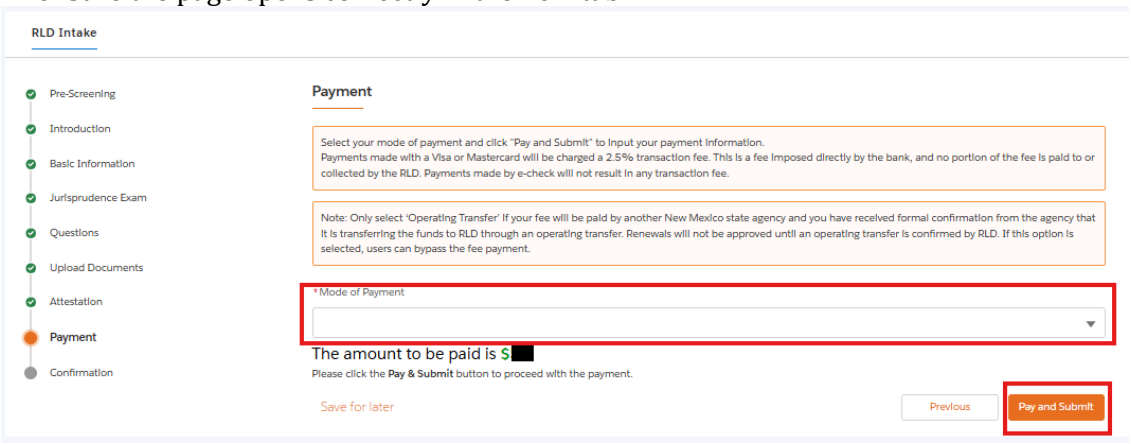
8. On the **Attestation** page, review the statement on the screen. Then select the **checkbox** to certify your agreement. After, enter your **Full Name** in the **Applicant Name** text field and select the "**Next**" button at the bottom right. **Today's Date** will automatically populate in the grey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



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

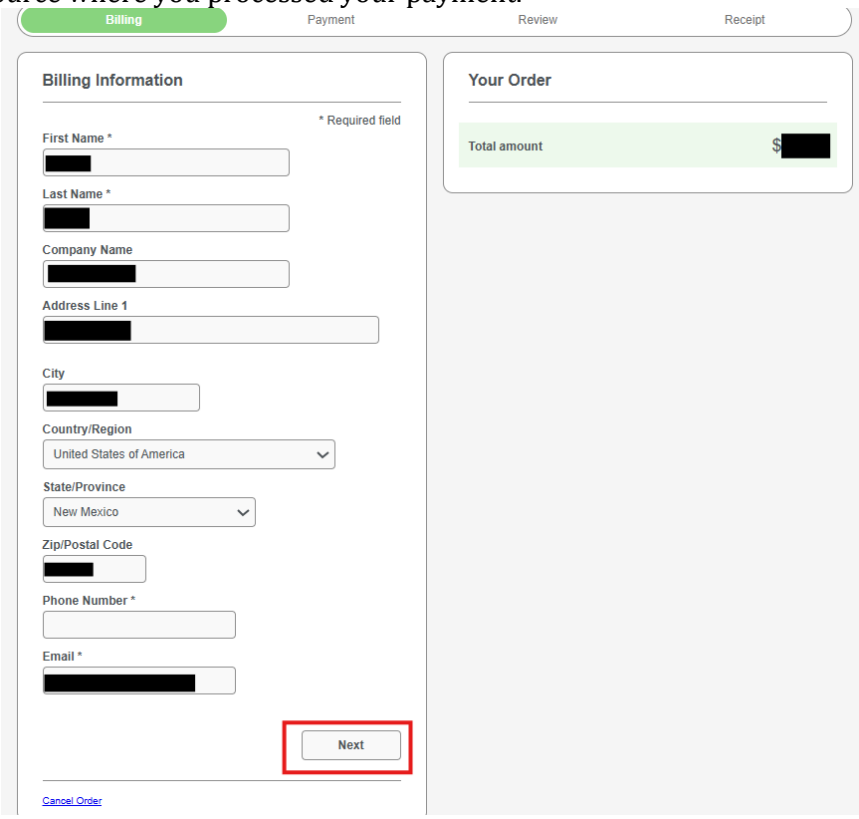


a. Select a **Mode of Payment** then the "**Pay and Submit**" button. When selecting either **Credit Card (Visa or Mastercard)** or **E-Check** as your payment method, a new tab will open directing you to the **CyberSource Payment Gateway** screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

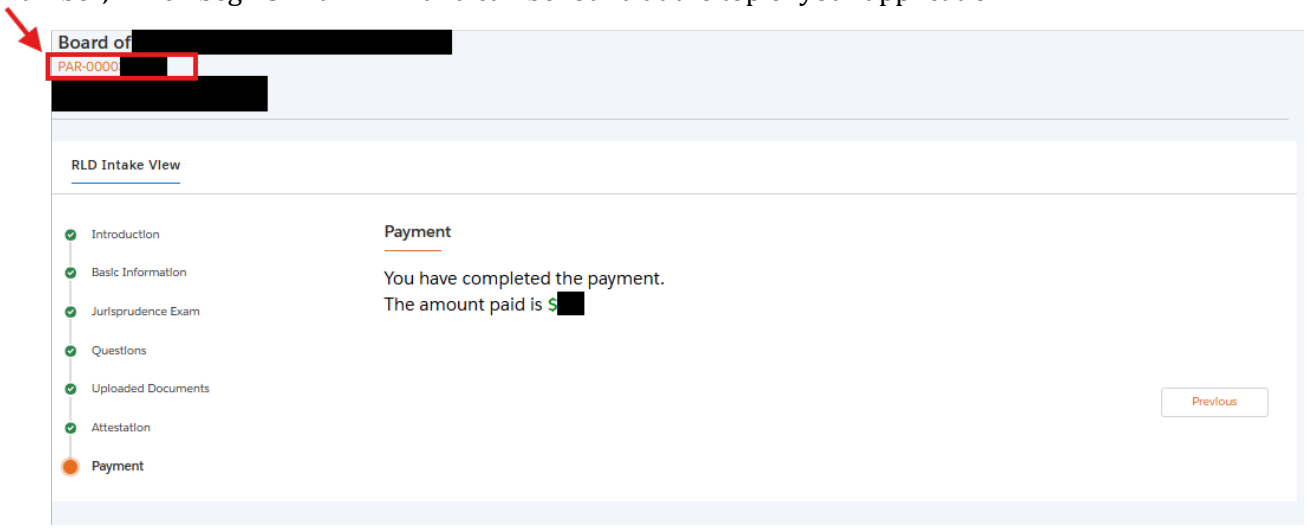


Note: Payment is a separate system, and your credit card info is not stored or saved by RLD. CyberSource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.

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.



11. On the **Home Page**, the application will appear under **My Applications** with **Submitted** status.