



## **Board of Body Art Practitioners**

### **Tattoo Artist**

### **Application Manual**

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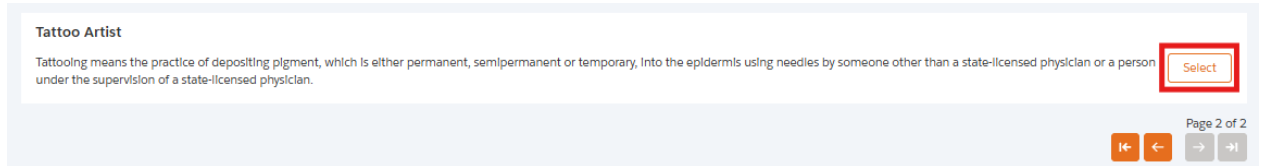
## Table of Contents

### Application for Tattoo Artist

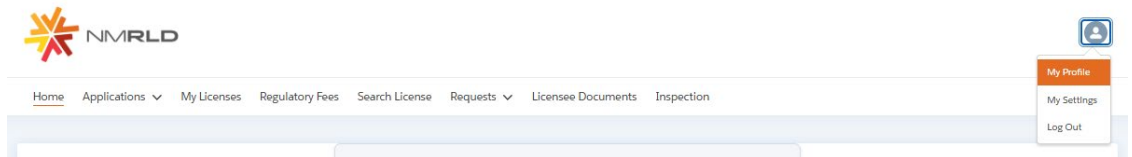
|                        |    |
|------------------------|----|
| Select Application     | 3  |
| Pre-Screening          | 4  |
| Introduction           | 5  |
| Basic Information Page | 6  |
| Licensure Information  | 8  |
| Questions Page         | 10 |
| Jurisprudence Exam     | 11 |
| Upload Documents Page  | 13 |
| Attestation Page       | 16 |
| Payment Page           | 16 |

## Application for Tattoo Artist

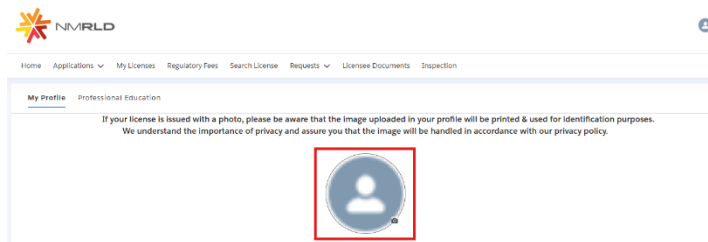
1. Click the “Select” button to the right of the Tattoo Artist license type.



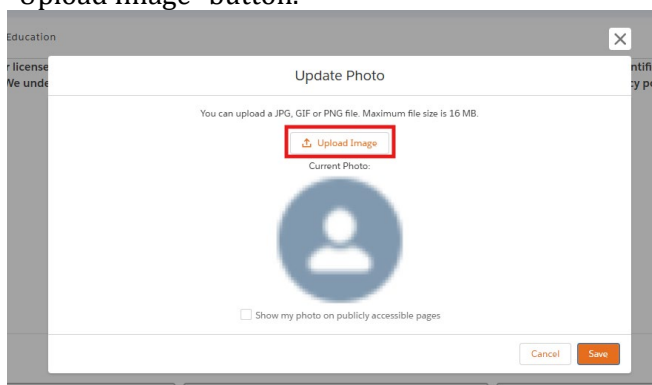
2. A profile picture is required to apply for this license. Please ensure that your profile picture has been uploaded to the portal before proceeding with your application.
  - a. If not, click on the profile picture circle in the upper right corner of your portal and select the “My Profile” button.



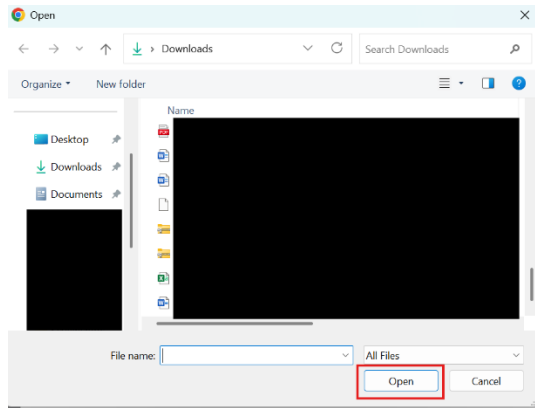
- b. Click on the profile picture circle to enable editing.



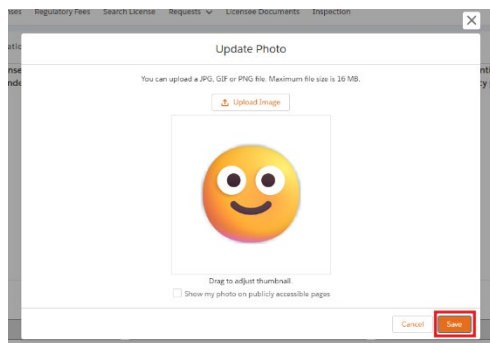
- c. Review the document size and type requirements before uploading, then select the “Upload Image” button.



- d. Select the appropriate document from your files and then select “Open”



- e. You may click and drag the photo to center your thumbnail however you desire. Once you are finished, click on the “Save” button to save your changes. You may now start your application.



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

**RLD Intake**

- Pre-Screening**
- Introduction
- Basic Information
- Questions
- Jurisprudence Exam
- 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 Tattoo Artist 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

4. If you do hold a Tattoo Artist 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.

RLD Intake

**Pre-Screening**

- Introduction
- Basic Information
- Licensure Information
- Questions
- Jurisprudence Exam
- 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 Tattoo Artist 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

5. 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

**Introduction**

- 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/](http://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

 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

6. 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.

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 warning.png

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[Save for later](#)

[Previous](#)

[Next](#)

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

### RLD Intake

- Pre-Screening
- Introduction
- Basic Information**
- Licensure Information
- Jurisprudence Exam
- 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**
- Licensure Information
- Jurisprudence Exam
- 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**
- Licensure Information
- Jurisprudence Exam
- 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

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

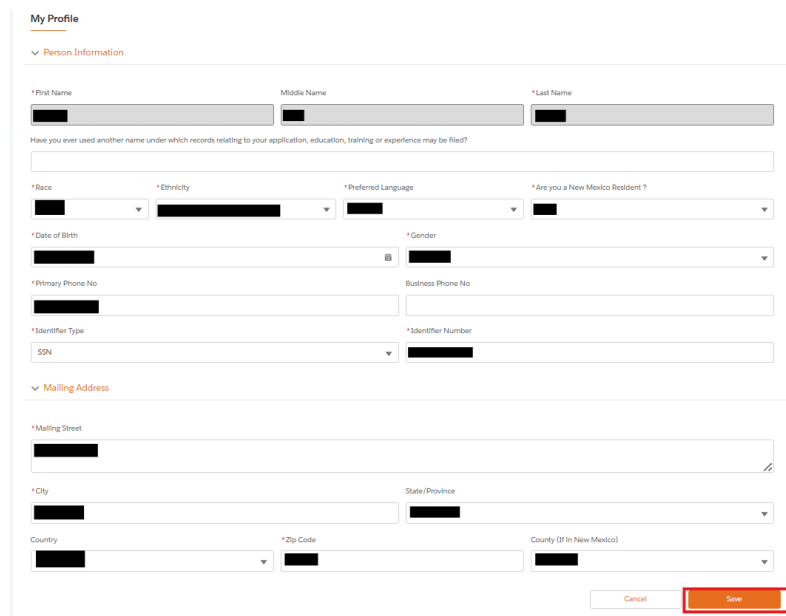
Mailing Street

City State/Province

Country Zip Code Country (If In New Mexico)

Save

- 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

Mailing Address

Mailing Street

City State/Province

Country Zip Code Country (If In New Mexico)

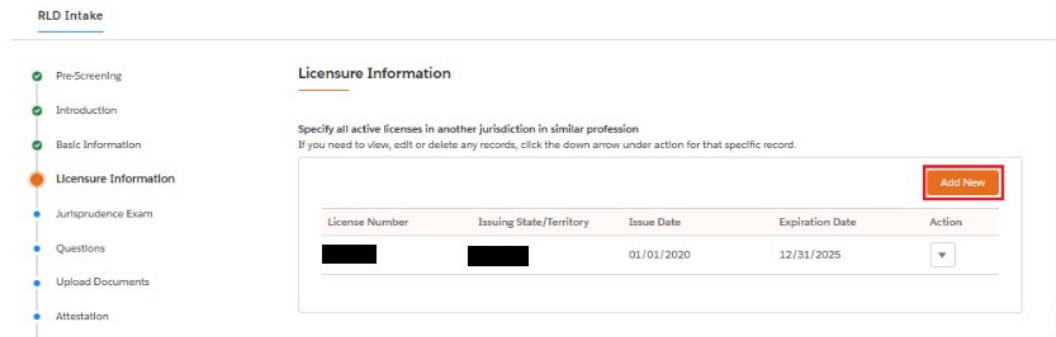
Cancel Save

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Tattoo Artist Application” to continue.

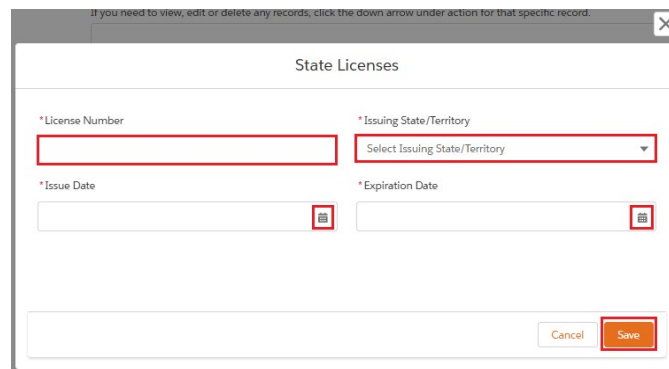
8. On the Licensure Information Page, this page is only for **Reciprocity and Military**

- 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.



- 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**”.



- 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 |
|-------------------------|-------------------------|------------|-----------------|--------|
| <a href="#">Add New</a> |                         |            |                 |        |

▼ **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

Active Duty

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

● Payment

● Confirmation

▼ **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

Active Duty

*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](#) [Previous](#) [Next](#)

9. On the Questions page, please answer all questions accurately with the most recent information. Please provide any relevant details in the box below any questions marked with “Yes.” You are also required to upload any related documentation and other supporting documents on the Uploaded Documents page, later in this application.

**RLD Intake**

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

**Questions**

\* Do you certify that you are atleast 18 years old?  
 Yes  
 No

\* Do you hold an active Tattoo Artist license in any of the following United States jurisdiction: Alaska, Arkansas, Connecticut, District of Columbia, Kansas, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Jersey, Oklahoma, Oregon, Tennessee, Vermont, and Virginia?  
 Yes  
 No

\* Do you certify that you have completed the approved contagious and infectious diseases course within the past 12 months of todays application date?  
 Yes  
 No

\* Do you certify that you have completed the approved CPR and First Aid course within the past 12 months of todays application date?  
 Yes  
 No

Basic Life Support is not an accepted course

Specify the Name and License Number of the Body Art Establishment where services will be performed.  
 Establishment license must be current upon receipt of application

Search by entering an active Body Art Establishment license number

\* Body Art Establishment Name  \* Body Art Establishment License Number

\* 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 16.36.A.9 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 subsupport or arrears relating to paternity or child support proceedings.

Save for later

10. To complete the Questions page, select the “Next” button at the bottom right of the page.

**RLD Intake**

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

**Questions**

\* Do you certify that you are atleast 18 years old?  
 Yes  
 No

\* Do you hold an active Tattoo Artist license in any of the following United States jurisdiction: Alaska, Arkansas, Connecticut, District of Columbia, Kansas, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Jersey, Oklahoma, Oregon, Tennessee, Vermont, and Virginia?  
 Yes  
 No

\* Please select appropriate value to specify that you have met the required training and experience by virtue of:  
 1400 hours of apprenticeship  
 Credentialing or registration in another eligible state

\* Do you certify that you have completed the approved contagious and infectious diseases course within the past 12 months of todays application date?  
 Yes  
 No

\* Do you certify that you have completed the approved CPR and First Aid course within the past 12 months of todays application date?  
 Yes  
 No

Basic Life Support is not an accepted course

\* Have you applied for the National Exam through Professional Credential Services (PCS)?  
 Yes  
 No

Specify the Name and License Number of the Body Art Establishment where services will be performed.  
 Establishment license must be current upon receipt of application

Search by entering an active Body Art Establishment license number

\* Body Art Establishment Name  \* Body Art Establishment License Number

\* 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 16.36.A.9 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 subsupport or arrears relating to paternity or child support proceedings.

Save for later

11. On the Jurisprudence Exam page, select the “Launch New” button on the page.

**RLD Intake**

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

**Jurisprudence Exam**

You must have a passing score to navigate further.

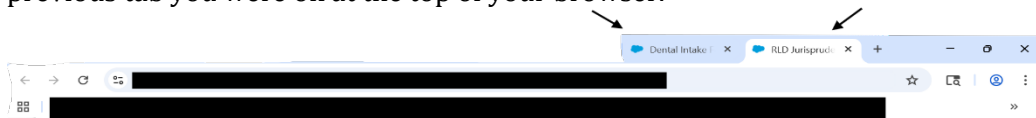
Attempts : 0 [Launch New](#) [Refresh](#)

| Attempt | Name | Examination Date | Score In % | Result |
|---------|------|------------------|------------|--------|
|         |      |                  |            |        |

Save for later

[Previous](#) [Next](#)

- a. A new page will open up for the exam, once the exam is complete you can select the previous tab you were on at the top of your browser.



- b. You will be able to view the attempt you made at the exam by selecting the orange “Refresh” button at the top right and verify that you passed.

**RLD Intake**

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

**Jurisprudence Exam**

You must have a passing score to navigate further.

Attempts : 0 [Launch New](#) [Refresh](#)

| Attempt | Name | Examination Date | Score In % | Result |
|---------|------|------------------|------------|--------|
|         |      |                  |            |        |

Save for later

[Previous](#) [Next](#)

- c. If you have not passed, you will not be able to continue the application.

*Note: You can make multiple attempts of the exam to receive a passing grade. To make a new attempt select the “Launch New” button again.*

RLD Intake

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

### Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 1

[Launch New](#) [Refresh](#)

| Attempt | Name       | Examination Date | Score In % | Result |
|---------|------------|------------------|------------|--------|
| 1       | PEX-██████ | ██████           | ██████     | Fail   |

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

- d. Once you have passed the exam, you can select the “Next” button at the bottom right of the page.

RLD Intake

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

### Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 2

[Launch New](#) [Refresh](#)

| Attempt | Name            | Examination Date | Score In % | Result |
|---------|-----------------|------------------|------------|--------|
| 2       | PEX-0000-██████ | ██████           | ██████     | Pass   |
| 1       | PEX-0000-██████ | ██████           | ██████     | Fail   |

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

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

RLD Intake

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

### Upload Documents

| Document Name                           | Document Description  | Upload a New File | Uploaded Files | Delete |
|---|---|-------------------|----------------|--------|
| • Apprentices Log                       | Proof of Training - 1400 hours  | <a href="#">📄</a> |                |        |
| • CPR Certification                     | Certificate of completion   | <a href="#">📄</a> |                |        |
| • First Aid Certification               | Certificate of completion   | <a href="#">📄</a> |                |        |
| • Bloodborne Pathogens Certificate      | Certificate of completion   | <a href="#">📄</a> |                |        |
| • 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. | <a href="#">📄</a> |                |        |
| Other Supporting Documents              | Any supporting documents that could assist in review of the application.  | <a href="#">📄</a> |                |        |
| National Board Exam Results             | National Exam Administered by the Professional Licensing Services (PCS)   | <a href="#">📄</a> |                |        |








[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
- Licensure Information
- Questions
- Jurisprudence Exam
- Upload Documents**
- Attestation
- Payment
- Confirmation

### Upload Documents

| Document Name                           | Document Description  | Upload a New File   | Uploaded Files | Delete |
|---|---|---|----------------|--------|
| • Apprentices Log                       | Proof of Training - 1400 hours  |  |                |        |
| • CPR Certification                     | Certificate of completion   |  |                |        |
| • First Aid Certification               | Certificate of completion   |  |                |        |
| • Bloodborne Pathogens Certificate      | Certificate of completion   |  |                |        |
| • 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. |  |                |        |
| Other Supporting Documents              | Any supporting documents that could assist in review of the application.  |  |                |        |
| National Board Exam Results             | National Exam Administered by the Professional Licensing Services (PCS)   |  |                |        |

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.

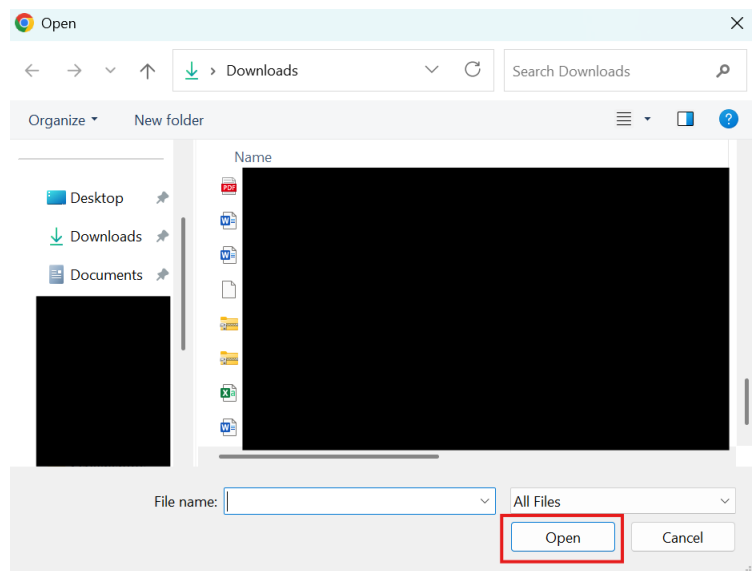
**Note:**

- The file size should not exceed 10MB.
- The extension will be accepted only of .pdf, .doc, .docx, .xls, .xlsx, .ppt, .pptx.
- Documents may be uploaded as individual files or as a single merged file on the next page.

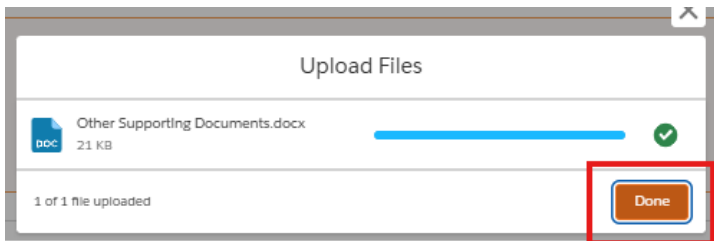
 

**Done**

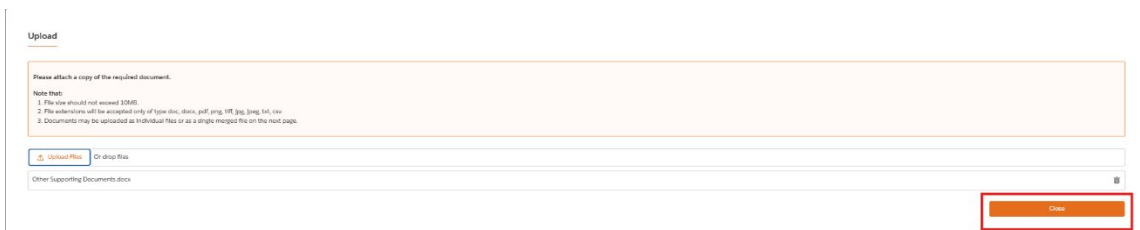
- c. Select the appropriate document from your files and then select “Open”



- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



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



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
- Licensure Information
- Questions
- Jurisprudence Exam
- **Upload Documents**
- Attestation
- Payment
- Confirmation

**Upload Documents**

| Document Name                           | Document Description  | Upload a New File | Uploaded Files | Delete |
|---|---|-------------------|----------------|--------|
| * Apprentice Log                        | Proof of Training - 1400 hours  |                   |                |        |
| * CPR Certification                     | Certificate of completion   |                   |                |        |
| * First Aid Certification               | Certificate of completion   |                   |                |        |
| * Bloodborne Pathogens Certificate      | Certificate of completion   |                   |                |        |
| * 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. |                   |                |        |
| Other Supporting Documents              | Any supporting documents that could assist in review of the application.  |                   |                |        |
| National Board Exam Results             | National Exam Administered by the Professional Licensing Services (PCS)   |                   |                |        |

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

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

RLD Intake

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

### Upload Documents

| Document Name                           | Document Description  | Upload a New File | Uploaded Files | Delete |
|---|---|-------------------|----------------|--------|
| * Apprenticeship Log                    | Proof of Training - 1400 hours  |                   |                |        |
| * CPR Certification                     | Certificate of completion   |                   |                |        |
| * First Aid Certification               | Certificate of completion   |                   |                |        |
| * Bloodborne Pathogens Certificate      | Certificate of completion   |                   |                |        |
| * 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. |                   |                |        |
| Other Supporting Documents              | Any supporting documents that could assist in review of the application.  |                   |                |        |
| National Board Exam Results             | National Exam Administered by the Professional Licensing Services (PCS)   |                   |                |        |

Save for later Previous **Next**

13. 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
- Licensure 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

Save for later Previous **Next**

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

RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Jurisprudence Exam
- 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

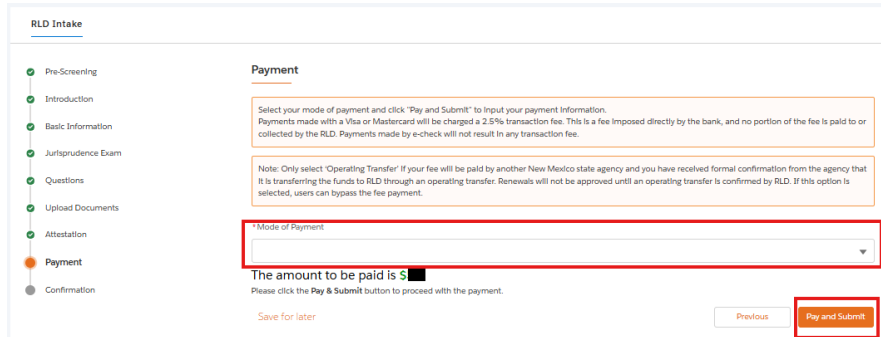
The amount to be paid is \$

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

Save for later Previous **Pay and Submit**

- 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.

- b. *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.*



**RLD Intake**

- Pre-Screening
- Introduction
- Basic Information
- Jurisprudence Exam
- 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

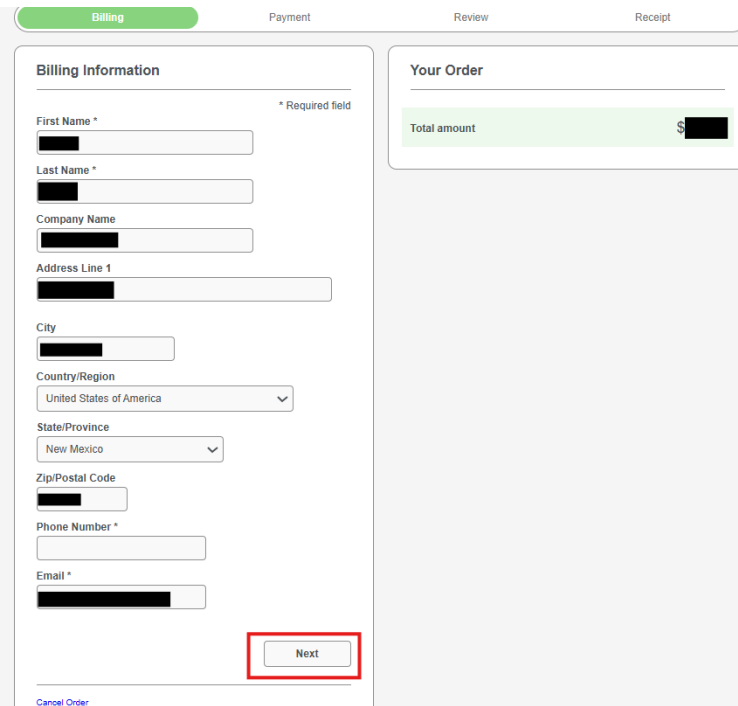
The amount to be paid is \$ [REDACTED]

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

Save for later

Previous **Pay and Submit**

- c. 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 \*

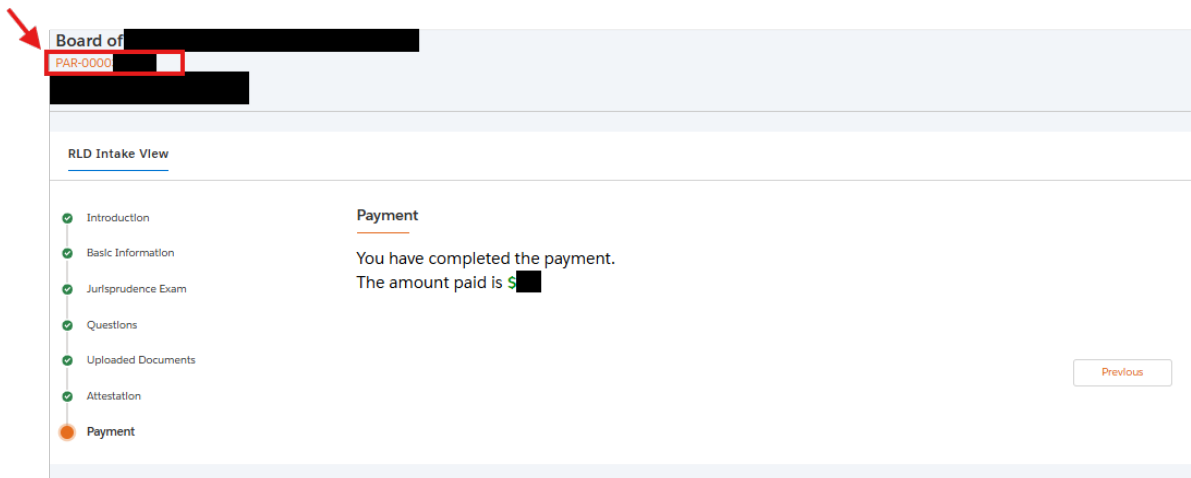
**Next**

[Cancel Order](#)

**Your Order**

Total amount \$ [REDACTED]

15. 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 [REDACTED]  
PAR-0000 [REDACTED]

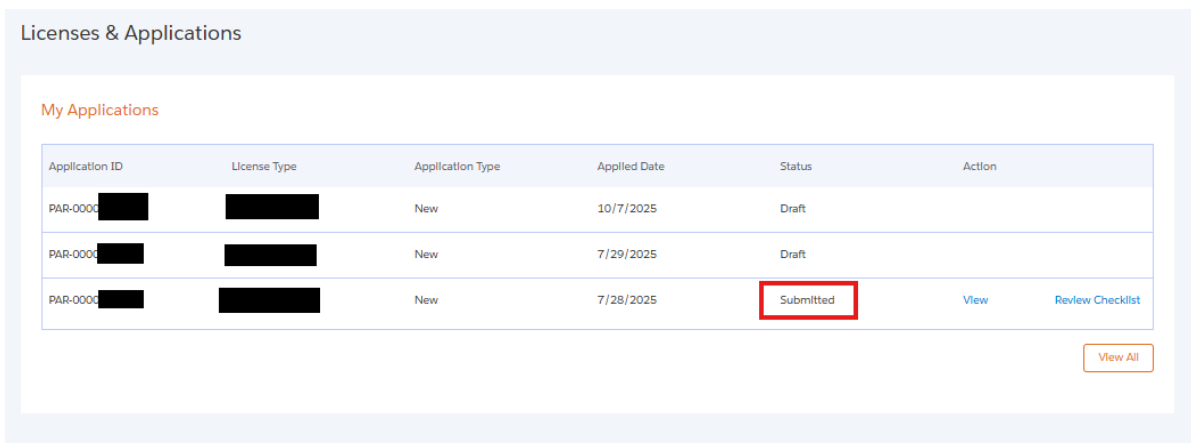
**RLD Intake View**

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

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

[Previous](#)

16. 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    | <b>Submitted</b> | <a href="#">View</a> <a href="#">Review Checklist</a> |

[View All](#)