INSTRUCTIONS FOR DENTISTS APPLYING FOR TEMPORARY OR PUBLIC SERVICE LICENSURE  
(Except for Presumptive (Charitable Events) Temporary License)

*All licensing information provided is public information*

On behalf of the New Mexico Dental Health Care Board, we are pleased that you have chosen New Mexico as a place to practice Dentistry

Please review the rules regarding licensure requirements. If you do not qualify, you will not be granted licensure and you will forfeit your application fee.

The Board requires a Level III background status report from Professional Background Information Service (PBIS). The background process may take 45-90 days to complete. If you have not completed the PBIS background, the board and staff strongly recommend you start the background process immediately. Applicants must apply and pay a fee of $300.00 directly to PBIS to initiate this service. To start the PBIS background or to check the status of the background, please contact:

Professional Background Information Service (PBIS)  
23460 N. 19th Ave, Suite 225  
Phoenix, AZ 85027  
(602) 861-5867 Fax: (602) 861-9656  
www.pbisonline.com

Upon receipt of the attached NM Temporary or Public Service Licensure application and the required application fee, you will be sent a status letter indicating any missing documentation for the completion of your file; which includes the PBIS background. Once all documentation is received your application will be sent to the Board's Application Committee (or designee) for approval. Your license will be issued within three working days of the committees' approval.

Applicants with findings by PBIS, (i.e. civil cases, malpractice cases, state discipline, and criminal cases) will be presented to the New Mexico Board of Dental Health Care Application Committee; the committee will make its recommendation regarding the applicant(s) to the New Mexico Board of Dental Health Care at its next regularly scheduled meeting. The New Mexico Board of Dental Health Care meets quarterly throughout the year. Applicants who go before the New Mexico Board of Dental Health Care should expect a period of approximately three months for a decision (approval/denial).

Any address or phone number changes must be communicated to the board office in writing by U.S. Mail, fax or e-mail.

If you have any questions about the licensing requirements or process, contact the Board office at (505) 476-4680, by fax (505) 476-4545 or e-mail Dental.Board@state.nm.us

LICENSE REQUIREMENTS FOR TEMPORARY CLINICAL EDUCATOR AND EMERGENCY PRACTITIONER

- Completed, signed and notarized, original (no copies), New Mexico Board of Dental Health Care Application for Temporary or Public Service Licensure and a passport quality photo taken within the last six months
New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee
Dental Temporary Licensure

- Application fee and applicable licensure fee (check, money order, MasterCard or Visa) made payable to the New Mexico Board of Dental Health Care. (Application fees are non-refundable)

<table>
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<th>Temporary License Type</th>
<th>License Fee</th>
<th>Application Fee</th>
<th>Total Due</th>
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<tr>
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<tr>
<td>6 Month Temporary License</td>
<td>$200</td>
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<td>$300</td>
</tr>
<tr>
<td>12 Month Temporary License</td>
<td>$300</td>
<td>$100</td>
<td>$400</td>
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- Verification of licensure in all states where the applicant holds or has held a license to practice dentistry, or other health care profession. Verification must be sent directly to the Board office from the other state(s) board, must include a raised seal, and must attest to the status, issue date, expiration date, license number, and other information contained on the form.

- Copy of current Basic Life Support (BLS) or Cardiac Pulmonary Resuscitation (CPR) certification accepted by the American Heart Association or the American Red Cross; cannot be a self-study course.

- An affidavit from the New Mexico licensed dentist who is sponsoring the applicant attesting to the qualifications of the applicant and the activities the applicant will perform. Applicants must report any changes in supervision or oversight of the temporary licensee to the board within (30) thirty days of the change.

LICENSE REQUIREMENTS FOR APPLICANTS APPLYING FOR TEMPORARY OR PUBLIC SERVICE LICENSURE IN AN UNDERSERVED AREA AND REPLACEMENT PRACTITIONERS

- Completed, signed and notarized, original (no copies), New Mexico Board of Dental Health Care Application for Temporary or Public Service Licensure including a passport quality photo taken within the last six months

- Application fee and applicable licensure fee (check, money order, MasterCard or Visa) made payable to the New Mexico Board of Dental Health Care. (Application fees are non-refundable)

<table>
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<th>Temporary Public Service</th>
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<tr>
<td>12 Month Temporary License</td>
<td>$300</td>
<td>$100</td>
<td>$400</td>
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</table>

- Verification of licensure in all states where the applicant holds or has held a license to practice dentistry, or other health care profession. Verification must be sent directly to the Board office from the other state(s) board, must include a raised seal, and must attest to the status, issue date, expiration date, license number, and other information contained on the form.

- Copy of current Basic Life Support (BLS) or Cardiac Pulmonary Resuscitation (CPR) certification accepted by the American Heart Association or the American Red Cross; cannot be a self-study course.

- An affidavit from the sponsoring New Mexico licensed dentist attesting to the qualifications of the applicant and the activities the applicant will perform. Applicants must report any changes in supervision or oversight of the temporary licensee to the board within (30) thirty days of the change.
New Mexico Board of Dental Health Care and New Mexico Dental Hygienist Committee
Dental Temporary Licensure

- **Applicants for Temporary Licensure in Underserved Areas and State Institutions** must submit the following documentation (in addition to the items above):
  - Provide an affidavit from the administrative supervisor of the applicant's proposed employer organization as defined in Subsection C 16.5.7.8 NMAC attesting to supervision and oversight by a New Mexico licensed dentist, and bearing the signature of both
  - **OR**
  - Provide an affidavit from the New Mexico Department of Health specifying supervision will be by a licensed New Mexico dentists and bearing the signature of both.
  - Provide copies of acceptable liability insurance coverage
  - Official transcripts or an original letter on letterhead with a raised embossed seal verifying successfully passing all required courses from the dental school or college, to be sent directly to the board office from the accredited program. (Degree must be posted)
  - Copy of the National Board Examination score card or certificate
  - Copy of current certificate in infection control technique within the past twelve months
  - Verification of status of Drug Enforcement Administration (DEA) and American Association of Dental Examiners Clearinghouse, verification must be sent directly to the board office.
  - The board will obtain verification of applicant status from the national practitioners data bank
  - Pass the jurisprudence exam with a score of at least 75 percent
  - Level III status report from **PBIS**

**Applicants for Specialty Licensure** - In addition to the documentation required above, an applicant of licensure in specialty areas must also include the following documentation.

- Official transcripts from the residency program and/or post graduate degree from an accredited program in one of the specialty areas.
- Copy of WREB, CRDTS, SRRA or NERB/ADEX specialty examination score card or certification. An applicant in any specialty in which there is no specialty examination may substitute diplomate for the examination.
APPLICATION FOR TEMPORARY DENTAL LICENSE
*All licensing information provided is public information*

Check one: 

_____ 48 hour license 

_____ 6 month license 

_____ 12 month license 

_____ Replacement Practitioner 

Check one: 

_____ Emergency Practitioner 

_____ Clinical Educator 

_____ Public Health Dentistry 

Temporary License Type | License Fee | Application Fee | Total Due |
---|---|---|---|
48 Hour Temporary | $50.00 | $50.00 | $100.00 |
6-Month Temp. License | $200.00 | $100.00 | $300.00 |
12-Month Temp. License | $300.00 | $100.00 | $400.00 |

1. PERSONAL INFORMATION 

Last Name: ____________________________ First ____________________________ Middle ____________________________ 

Type or print your name as it appears on your official license or certificate. 

Mailing Address: ____________________________________________________________ 

Contact Phone: (_____) ___________ 

Business Phone (_____) ___________ 

City: ____________________________ State: ____________________________ Zip: ____________ 

Date of Birth: ____________________________ Place of Birth: ____________________________ Social Security Number: ____________________________ 

Proposed Practice Name: ____________________________________________________________ 

Proposed Practice Address: ____________________________________________________________ 

2. LICENSURE INFORMATION 

List all states (or countries) in which you are or have been licensed, regardless of current status (attach additional pages if necessary): 

State/Country | Licensed by Exam/ Credentials | License Number | Issue Date | License Status | Expiration Date |
---|---|---|---|---|---|

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Revision Date: 09/2010 

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3. **DENTAL EDUCATION:**

School Granting Dental Diploma (must be CODA accredited)  City/State  Date of Degree

Specialty, if applicable: ____________________________________________

School or Approved Residency Program  City/State  Date of Degree

Infection Control Course:

(Location)  (Title)  (Date)

4. **EXAMINATION**

Date of National Board Examination:

__________________________________________

Date and name of any clinical practice examination:

__________________________________________

5. **TEMPORARY PRACTICE LOCATION:** ______________________________

   NM LICENSED DENTIST/SPONSOR: ________________________________

6. **PLEASE ANSWER THE FOLLOWING QUESTIONS:**
   **GIVE DETAILS OF ANY "YES" ANSWERS ON A SEPARATE SHEET OF PAPER**

A. Have you ever used another name under which records relating to your application, education, training or experience may be filed?
   YES _____  NO _____ If yes, please enter name(s) used:
   ____________________________________________________________

B. Have you ever received a deferred prosecution or judgment or been convicted of, or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or district of the United States or a foreign country?
   YES _____  NO _____

C. Have you ever had any disciplinary action taken against your dental license or any other professional license in any state? (NOTE: Disciplinary action includes, but is not limited to, suspension, probation, practice limitations, reprimand, latter or admonition, censure, and any allegations currently pending.)
   YES _____  NO _____

D. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself?
   YES _____  NO _____

New Mexico Board of Dental Health Care and New Mexico Dental Hygienist Committee
Dental Temporary Licensure
New Mexico Board of Dental Health Care and 
New Mexico Dental Hygienist Committee 
Dental Temporary Licensure

E. 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 _____

F. 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 _____

G. Do you have any medical condition that in any way limits, impairs or alters your ability to practice dentistry with reasonable skill and safety?  
YES _____  NO _____

H. Do you take any medications or chemical substances that limits, impairs or alters, in any way your ability to practice dentistry?  
YES _____  NO _____

*****If you answered yes to questions G or H, Please answer questions (I) and (J) *****

I. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?  
YES _____  NO _____

J. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?  
YES _____  NO ______________

K. Have you ever been convicted of a crime of moral turpitude?  
YES _____  NO _____

L. Are you currently engaged in the illegal us of controlled and/or dangerous substances?  
YES _____  NO _____

M. Are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?  
YES _____  NO _____

N. Have you ever been licensed in New Mexico?  
YES _____  NO _____

License number? __________  Issue date? __________  Expiration date? __________

7. LOCATION AND OCCUPATION SINCE GRADUATION FROM DENTAL SCHOOL:  (Attach additional pages if necessary)

<table>
<thead>
<tr>
<th>Dates</th>
<th>City &amp; State of residence</th>
<th>Occupation</th>
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New Mexico Regulation and Licensing Department  
BOARDS AND COMMISSION DIVISION
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 have read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

Signature of Applicant  Date

STATE OF ____________________
COUNTY OF _______________

BEFORE ME on this ________ day of _____________, 2____, personally appeared the above-named applicant who, being by my duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

My Commission Expires: ____________________

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license as a Temporary Dentist is upon you.

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID.

Application fee payment method:  ____ Check  ____ Money Order  ____ Credit Card  Type:  ____ MC  ____ Visa
Credit Card #: _________________________________  Expiration Date: ________  Amount $ ____________
New Mexico Board of Dental Health Care

DENTAL JURISPRUDENCE EXAM

Applicant Name: ___________________________ Date: ______________

SPECIAL INSTRUCTIONS:
The purpose of this examination is to test the applicant’s familiarity with the law and rules that govern the practice of dentistry in New Mexico. Your responsibility is to read the entire Dental Health Care Act and the Rules, Chapter 5, Title 16, of the New Mexico Administrative Code.

This exam may be returned to the Board office with your application or anytime following the submission of your application.

This is an “open book” exam based on the dental Health Care Act (§61-5A-1 through 61-5A-30) and the Impaired Dentists and Hygienists Act (§61-5B-1 through 61-5B-11) as well as the New Mexico Administrative Code (NMAC), Title 16, Chapter 5, Dentistry (Dentists, Dental Hygienists, Etc.)

ALL ANSWERS MUST BE CLEARLY MARKED IN BLUE OR BLACK INK

Section I: Multiple Choice - Please circle the letter for the correct answer.

1. All dentists applying for license renewal are required to have taken a course during the previous triennial period in the following subject(s):
   a) radiation health and safety
   b) dental jurisprudence
   c) infection control
   d) both (b) and (c)

2. Requirements for temporary licensure to practice dentistry in New Mexico include:
   a) valid licensure in another state
   b) evidence of successful completion of the WREB Exam.
   c) proof of a minimum of 120 hours of continuing education within the past two years
   d) all of the above
3. A dentist may be disciplined (to include license revocation, suspension, fines, stipulation or limitation of license) if found guilty of:
   a) non-payment of New Mexico state income tax
   b) violation of the Controlled Substances Act
   c) allowing a dental hygienist to practice when the dentist is not in the office.
   d) all of the above.

4. In addition to the Dental Health Care Act, what laws govern disciplinary proceedings?
   a) The Public Records Act
   b) The Mileage and Per Diem Act
   c) The Uniform Licensing Act
   d) the Governmental Conduct Act

5. Which of the following is not cause for disciplinary action against a New Mexico licensed dentist?
   a) failure to provide a patient copies of their records on request
   b) failure to inform the patient of periodontal assessment
   c) use of appropriate infection control techniques and sterilization procedures
   d) offering to perform services for which the dentist does not have appropriate education, experience and/or training to be competent

6. Which of the following is not within the scope of practice of a licensed dental hygienist in the State of New Mexico?
   a) interpretation of dental radiographs
   b) preliminary assessment of periodontal conditions
   c) removal of diseased crevicular tissue
   d) application of sub gingival therapeutic agents

7. Licensed dentists are (1) required to obtain forty-five hours of continuing education during each triennial renewal cycle; however (2) initial licensed issued for less than a full year do not required continuing education for the first renewal period
a) the first statement is true, while the second statement is false
b) the first statement is true, and the second is true
c) the first statement is false, and the second is true
d) the first statement is false, and the second is false

8. If it is determined that a dental assistant is guilty of performing an expanded function without the appropriate certification, person(s) who may be disciplined is (are):
   a) any office staff who are aware of the illegal practice
   b) the supervising dentist
   c) the patient
   d) both (a) and (b)

9. The following vital sign is not required to be recorded in the patient's chart when nitrous oxide analgesia is administered:
   a) temperature
   b) pulse
   c) blood pressure
   d) heart rate

10. A hygienist from Maryland recently moved to New Mexico, became licensed to practice based on credentials from her previous state, and decided to specialize in long-term care facility hygiene. She contracted with several nursing homes to perform "in-house" prophylaxes as an itinerant hygienist. The nursing home patients were examined first by a dentist on year (12 months) ago and the dentist wrote "standing orders" at the nurse's state for semi-annual prophys for all patients in the health care facility. Assuming the hygienist provides the prophylaxes, what are the requirements for this procedure to comply with the rules.
   a) the hygienist is within the rules, since a "Supervising Dentist" examined the patient within the last year
   b) if the "Supervising Dentist" performs an examination of the patient within the next 30 days, then the hygienist is in compliance of the rules
   c) the "Written Authorization" is invalid due to the length of time since the examination
   d) New Mexico licensed hygienists may not practice in nursing homes or long term care facilities unless a dentist is on the premises
11. According to the Rules (NMAC), to avoid a penalty, license renewal must be postmarked no later than:

   a) May 31
   b) July 1
   c) July 31
   d) August 1

12. If the Board has cause to believe a dentist is addicted to drugs or alcohol, or mentally or physically incapable to practicing dentistry with reasonable skill and safety, the Board may:

   a) without a hearing, summarily revoke the dentist's license
   b) issue a formal reprimand
   c) require the dentist to be examined by an examining committee to determine their fitness to practice dentistry
   d) all of the above

13. Dental hygienist in New Mexico practice under general supervision, which means:

   a) the dentist must be in the practice facility
   b) the supervising dentist must have examined the patient in the last 60 days
   c) the dentist must have authorized the services to be performed and they must be in accordance with the diagnosis and treatment plan
   d) The supervising dentist must examine the patient within 30 days following the appointment

14. Triennial re-licensing year is determined by:

   a) issue date
   b) alphabet of licensee’s last name
   c) year of graduation
   d) first digit of license number

15. Regarding the "Prescribed Administration" of nitrous oxide, and the administration of local anesthesia, consider the following: Dr. Nine Iron has a tee time at 3:30 p.m. this afternoon, and decided to leave at 3:00 p.m. while is hygienist has a 4:00 p.m. patient requiring local
anesthesia and nitrous oxide analgesia for a deep scaling and root planning. They hygienist has a current certificate for local anesthesia, and the dr. has a nitrous oxide permit, which is also current. Assuming the office has all the required personnel with current BLS cards, and the dentist has authorized the hygienist to administer the anesthesia and the nitrous oxide, it is legal for the hygienist to:

1. administer local anesthesia
2. administer nitrous oxide analgesia
3. administer neither local anesthesia or nitrous oxide
4. perform the deep scaling and root planning

a) 1, 2 and 4
b) 1 and 4
c) 3 and 4
d) 2 and 4

16. The minimal requirement for all dentists and auxiliary personnel who monitor the use and administration of nitrous oxide is:

a) current First Responder certification
b) current Basic Life Support certification
c) current Advanced Cardiac Life Support certification
d) there are no requirements

17. Temporary licensees shall (1) engage in only those activities specified on the temporary license for the time period designated; and (2) only practice under the sponsorship or in association with a licensed New Mexico dentist or dental hygienist. Concerning the above:

a) both the first and second statements are true
b) the first statement is true, but the second is false
c) both the first and second statements are false
d) the first statement is false, but the second is true

18. Your dental assistant graduated from a local dental assisting school, and passed the Dental Assisting National Board (DANB), is performing oral radiography, coronal polishing, pit and fissure sealants, and topical fluoride application. She has a C.D.A. behind her name, but has not received her Expanded Function Certificate from the New Mexico Board of Dental Health Care. According to the Rules:
a) the use of the designation C.D.A is allowed, but she cannot perform any expanded function regulated by the Board
b) the performance of the above functions is allowed since she has the C.D.A. Certificate
c) DANB certification is all that is required by the Board
d) oral radiography is the only permitted expanded function

19. Which of the following statements concerning Conscious Sedation I, II, Deep Sedation and General Anesthesia are true:

1. is legal to change your CS II/Deep Sedation/GA Permit to another location when your practice moves, and is legal to operate in your new location without another examination.
2. a Conscious Sedation I Permit allows a dentist to administer both oral and parenteral medication.
3. It is the dentist's responsibility to determine the appropriate monitoring of vital signs during conscious Sedation II, choosing between blood pressure, pulse, respiratory rate and oxygen saturation.
4. the patient's record must reflect the patient's body weight, all medications and amounts administered, and evidence of appropriate monitoring for CS I and CS II.

a) 4 only
b) 2, 3 and 4
c) 3 and 4
d) all of the above

20. As a condition of licensure, any licensee who seeks or holds an active license in New Mexico must report the following adverse events and incidents in a written report to the Board office within thirty (30) days of that event or incident:

1. conviction of a felony or misdemeanor, other than a traffic violation
2. any payment in settlement of a claim, or satisfaction of judgment, in a dental malpractice action personally or by a third party
3. any professional review action in which membership status in a health care facility is revoked or suspended
4. any know morbidity or mortality arising as a direct result of examination; prescription, diagnosis or treatment by a licensee which results in hospitalization or treatment of the patient by emergency personnel

a) all of the above
Section II: True/False - Please circle the correct answer.

21. A dentist who wishes to retire their license must request retirement status in writing to the Board office prior to the expiration of the current license
   True False

22. Dr. Perfect has a current Conscious Sedation II Permit. He has a patient with multiple medical conditions who prefers to have dentistry performed under general anesthesia. His facility has been inspected and he has appropriate monitoring devices. Dr. Perfect contracts with a M.D. Anesthesiologist who is currently on staff at a local hospital to administer the anesthesia. The dental procedure is completed under general anesthesia and the patient recovers uneventfully. The M.D. (anesthesiologist) and the general dentist remain in the treatment room until the patient is discharged. The above procedure is a legal one.
   True False

23. A dentist may authorize a dental hygienist or dental assistant to administer nitrous oxide under indirect supervision
   True False

24. Universal barrier precautions are mandatory in all dental care settings.
   True False

25. Dental assistants may polish teeth under general supervision.
   True False

26. The Board received scores directly from WREB so applicants are not required to provide any proof of passing exams.
   True False

27. Applications are valid for six months from the date of receipt.
   True False
28. An expired license is automatically placed in retirement status.

   True  False

29. The Department of Health provides the Board of Dental Health Care with recommended practice restrictions following evaluations of providers with transmissible bloodborne infections.

   True  False

30. Study clubs are an avenue to obtain continuing education credits and have specific organizational requirements.

   True  False