



NEW MEXICO BOARD OF DENTAL HEALTH CARE NEW MEXICO DENTAL HYGIENIST COMMITTEE

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION

P.O. Box 25101 ▪ Santa Fe, New Mexico 87504

(505) 476-4680 ▪ Fax (505) 476-4545 ▪ www.RLD.state.nm.us/boards/dental_health_care.aspx

REQUIREMENTS FOR CERTIFICATION IN THE EXPANDED FUNCTION OF DENTAL RADIOGRAPHY

All licensing information provided is public information
(Incomplete Applications will be returned)

CERTIFICATION BY EXAMINATION:

Applications for New Mexico Board of Dental Health Care Expanded Function Certification should be submitted after DANB written exam has been successfully passed and you have received DANB Certificate (blue certificate with effective date). All documentation, including taking clinical exam (x-rays), must be completed within 6 months from the effective date on the DANB certificate. If not completed within 6 months of the DANB certificate, the DANB exam will need to be re-taken. **NO EXCEPTIONS.**

DANB certificates do not allow you to take x-rays in the State of New Mexico; you must receive a letter from the NM Board of Dental Health Care allowing you to take exams during your training period.

The following documentation must be received by the Board office:

- Completed Dental Assistant Application for Expanded Function Certification(s);
- Passport Quality Photo;
- Application fee of \$50.00 payable by check or money order to the New Mexico Board of Dental Health Care; *(note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction)*
 - NOTE: Fee is required for initial expanded function ONLY. If applying for more than one function or applying for an additional expanded function(s): application, photo, and jurisprudence exam must be submitted. (No fee is required).*
- Jurisprudence exam;
- Copy of successfully passing Dental Assisting National Board (DANB) examination (the written portion);
- Provide copy of training (must be one of the following):
 - ✓ Affidavit from a supervising Dentist, Hygienist, or Certified Dental Assistant stating the applicant has assisted with and/or observed five (5) full mouth cases of Radiographs; **OR**
 - ✓ Copy of your certificate of completion in Radiation Health and Safety; **OR**
 - ✓ Official transcripts or certificate from a dental assisting program.

Once application is received, the board will issue a status letter stating what is missing from your file. If all documentation is received the Board will issue the following

- ✓ Training permit letter allowing you to take x-rays during your training period;
- ✓ X-Ray 18 mount holders;
- ✓ Affidavit (gold affidavit for phantom, white affidavit for human patient) **and** Technical Exam sheet.

Contact the board office if you receive the wrong affidavit, any x-rays returned with the wrong affidavit will be voided and will need to be retaken. The Board will accept digital x-rays as long as they are set-up as an 18-mount and have the correct affidavit.

X-rays, affidavit and technical sheet **MUST** be signed and returned to the **New Mexico Board of Dental Health Care, PO Box 25101, Santa Fe, NM 87505.**

(X-Rays received after deadline will be voided and DANB exam will need to be retaken - NO EXCEPTIONS)

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Applicants submitting panoramic film must provide all documentation and is limited to taking only extra oral films.

If the applicant fails the technique test and is still within the 6 months of the DANB exam, a **\$25 fee** will be charged to retake the technique test and receive a new Training Permit, Affidavit and 18 X-Ray Mount.

A third technique test **failure** will require the applicant's supervising Dentist to apply to the Board with a plan for remediation, including what steps will be taken to assure clinical competence.

CERTIFICATION BY CREDENTIALS:

Applicants applying for certification by credentials must have an active license in another state. The Board will certify applicant in the same expanded function(s) they are currently certified in the other state.

The following documentation must be received by the Board office:

- Completed Dental Assistant Application for Expanded Function Certification(s);
- Passport Quality Photo;
- Application fee of \$50.00 payable by check or money order to the New Mexico Board of Dental Health Care;
NOTE: Fee is required for initial expanded function ONLY. If applying for more than one function or applying for an additional expanded function(s): application, photo, and jurisprudence exam must be submitted. (No fee is required).
- Verification of a current valid certificate from another state; all verifications and/or certifications, letters and validations must be sent to the NM Board of Dental Health Care office from other state(s); the applicant must have been in good standing for two years prior to application **OR**
- an official letter from the director of an accredited dental hygiene program indicating the applicant has completed coursework in the requested expanded function; and
- Pass the take home jurisprudence examination.



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DENTAL ASSISTANT
APPLICATION FOR EXPANDED FUNCTION CERTIFICATION

All licensing information provided is public information

Attach a Passport
Quality Photo Here

Please send this form, \$50 check or money order and required documentati
NM Board of Dental Health Care, P.O. Box 25101, Santa Fe, NM 87505-5101.

PLEASE DO NOT SEND CASH. NO REFUNDS

Please check all that apply:

- Dental Radiography
Pit and Fissure Sealant Application
Rubber Cup Coronal Polishing
Topical Fluoride Application

Based on:

- DANB Examination
Credentials in another State/DANB
Dental Hygiene Education
Dental School Education

Please print with black ink or type

1. Personal Information

Name: First Middle Last

Mailing Address:

City: State: Zip:

E-Mail Address:

Contact Phone Number Date of Birth Social Security Number

Place of Birth:

2. Employment Information

Please check if x-rays will be taken on a live patient or on a DXTR(mannequin)

Employer Phone

Address

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City _____ State _____ Zip _____

3. Education/Training

Radiation Health and Safety Training Certificate School or letter: _____

DANB Certificate type: _____
(CDA, RHS, Rubber Cup Coronal Polishing and Topical Fluoride or Pit and Fissure Sealants)

Effective Date Issued by DANB: _____

Topical Fluoride, Coronal Polishing, and Pit & Fissure education information:

Course & School Attended	Date Completed	Hours Completed

4. Licensure Information

List all states in which you are, or have been certified, regardless of current status:

State Exam/Credentials Cert. No. Cert. Status Issue Date Expiration Date

5. PLEASE ANSWER THE FOLLOWING QUESTIONS:

Give details for any "YES" answers on a separate sheet of paper

A. Have you ever held an expanded function certificate with the New Mexico Board of Dental Health Care? YES _____ NO _____ If yes, certificate number: _____

B. 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: _____

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C. 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 _____

D. Are you currently engaged in the illegal use of controlled dangerous substances? YES _____ NO _____

I hereby certify that all information contained herein is true and correct to the best of my knowledge, that I have read the Board rules pertaining to dental assisting and agree to abide by them.

Signature _____ Date: _____

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 certification as a Dental Assistant 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 \$ _____

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New Mexico Board of Dental Health Care
Dental Assistant Jurisprudence Examination

Applicant Name: _____ Date: _____
(Please Print)

SPECIAL INSTRUCTIONS:

The purpose of this examination is to test the applicant's familiarity with the law and rules that govern the practice of dental assisting in New Mexico. *Your responsibility is to read the entire Dental Assisting section within the Dental Health Care Rules.*

This is an "open book" exam based on the Dental Health Care Rules.

ALL ANSWERS MUST BE CLEARLY MARKED IN BLACK OR BLUE INK.

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

1. Dental assistants in New Mexico are regulated by:
 - A. The Dental Health Care Act, (Statue/Law)
 - B. Dental Assistant National Board
 - C. New Mexico Dental Hygienists Committee
 - D. Board of Pharmacy

2. In the definitions of the Act "general supervision" means that the dentist is in The office while you are following the treatment plan.
 - A. True
 - B. False

3. In the definitions of the Act "certified dental assistant" refers to a dental assistant who meets specific qualifications set forth by the rule of the New Mexico Board of Dental Health Care.

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- A. True
 - B. False
4. C.D.A. is a designation given by the Dental Assistant National Board (DANB).
- A. True
 - B. False
5. A Dental assistant certified by the New Mexico Board of Dental Health may use the initial C.D.A. even if they did not take the exam.
- A. True
 - B. False
6. All dental assistants certified in expanded functions by the Board are required to renew their certification every:
- A. Year
 - B. Two Years
 - C. Three Years
 - D. Never
7. Only dentists and dental hygienists may be disciplined by the Board:
- A. True
 - B. False
8. All of the following can be used for grounds for disciplinary action except:
- A. Is guilty of willfully practicing beyond the scope of practice for which certification applies.
 - B. Has failed to furnish the Board, its investigations or representatives with Information requested by the board in the course of an official investigation.
 - C. Follows proper infection control for all procedures.
 - D. Is guilty of fraud or deceit in procuring or attempting to procure a certificate.
9. Disciplinary action can be taken against a licensee or certificate holder if they are guilty of aiding or abetting an individual to practice dentistry or dental hygiene without a license.
- A. True
 - B. False

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10. There is a fee for the following items in the Dental Assistants Fee section of the Rules.
 - A. Late Penalty Fee
 - B. Application Fee
 - C. Triennial Renewal Fee
 - D. All of the above

11. The Rules address applicants becoming certified via the following tracks.
 - A. Independent preparation for the requirements
 - B. Use of credentials from another State
 - C. Attending a dental assisting program
 - D. All of the above

12. Dental assistants in New Mexico must be certified to take dental radiographs only if they are working without the dentist being present.
 - A. True
 - B. False

13. The technique test for radiography certification must be taken on a human patient.
 - A. True
 - B. False

14. If an applicant chooses to only submit a panoramic film they are limited to taking only extraoral radiographs.
 - A. True
 - B. False

15. The full mouth intraoral radiographs series submit must be:
 - A. Of diagnostic quality
 - B. Taken without assistance
 - C. Submitted with an affidavit
 - D. All of the above

16. Passing a written examination is required prior to exposing radiographs in a office while being trained by a licensee or a dental assistant certified in dental radiography.

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- A. True
 - B. False
17. When submitting an application by July 1st of a renewal year, the assistant does not have to pay a late or reinstatement fee.
- A. True
 - B. False
18. When renewing your certification which of the following is correct:
- A. If application, continuing education, and triennial renewal fee is received by July 1 there is no late fee
 - B. If application, continuing education, and triennial renewal fee is received by August 1 there is no late fee
 - C. If application, continuing education, triennial renewal fee, late fee, and reinstatement fee are received between August 1 and September 1 the certificate will be renewed.
 - D. Both A and C
19. Continuing education hours required in a full renewal cycle are:
- A. Ten (10) hours
 - B. Twenty (20) hours
 - C. Twenty-five (25) hours
 - D. Thirty (30) hours
20. The required courses for each renewal are:
- A. CPR, Radiology Safety, and Risk Management
 - B. Infection Control, Patient Management, Radiology Safety
 - C. Radiology Safety, CPR, Infection Control
 - D. Patient Management, Jurisprudence, Radiology Safety
21. Proof of compliance with continuing education courses is only required:
- A. Every third renewal
 - B. Every renewal
 - C. If renewal notice requests an audit
 - D. Never
22. Dental assistant should keep records of continuing education courses Submitted for renewal:

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- A. For at least one (1) year
 - B. For at least five (5) years
 - C. Do not need to be kept after receiving renewal certificate
 - D. For at least seven (7) years
23. If renewal is not sent in by September 1 the certificate is automatically revoked:
- A. True
 - B. False
24. Certification is required for all expanded functions of dental assistants working under indirect supervision:
- A. True
 - B. False
25. If there are circumstances which cause an assistant to be unable to acquire the needed continuing education hours:
- A. That is too bad, they must apply
 - B. They should put down courses they did not actually attend
 - C. They should request a deferral from the Board of up to four (4) months to obtain the hours
 - D. They should just continue working without certification