INSTRUCTIONS FOR DENTISTS APPLYING FOR TEMPORARY OR PUBLIC SERVICE LICENSURE

<table>
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<tr>
<th>Temporary License Type</th>
<th>License Fee</th>
<th>Application Fee</th>
<th>Total Due</th>
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<tbody>
<tr>
<td>48 Hour Temporary License</td>
<td>$50</td>
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<tr>
<td>6 Month Temporary License</td>
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<tr>
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(Except for Presumptive Charitable Events Temporary License and Students/Residents)

*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.

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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 by 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
- 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) (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)

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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, American Red Cross or the American Safety Health Institute; 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 (photo) passport quality 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)

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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, American Red Cross or the American Safety Health Institute; 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.

• 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 haven taken an 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 on of the specialty areas.
• Copy of WREB, CRDTS, SRTA 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 ______________________

Mailing Address: ____________________________

City: ___________________________ State: __________________ Zip: ____________

Contact Phone: (____) ____________

Business Phone (____) ____________

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):

<table>
<thead>
<tr>
<th>State/Country</th>
<th>Licensed by Exam/ Credentials</th>
<th>License Number</th>
<th>Issue Date</th>
<th>License Status</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

3. DENTAL EDUCATION:

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

**Specialty, if applicable:**

<table>
<thead>
<tr>
<th>School or Approved Residency Program</th>
<th>City/State</th>
<th>Date of Degree</th>
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</thead>
</table>

Infection Control Course:

<table>
<thead>
<tr>
<th>Location</th>
<th>Title</th>
<th>Date</th>
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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, letter 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 _____

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

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 _____

I. 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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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.
New Mexico Board of Dental Health Care

Dental - Jurisprudence Exam

Applicant Name: ____________________ Date: ______________

Special Instructions:
The purpose of this examination is to test the 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 which are Chapter 5, Title 16, of the NM Administrative Code.

This is an “open book” exam based on the Dental Health Care Act, the Impaired Dentists and Hygienists Act, and the NM Administrative Code (NMAC), Title 16, Chapter 5, Dentistry (Dentists, Dental Hygienists, etc.)

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

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

Section 1: Matching-Based on the New Mexico Dental Health Care Act, please match the following definitions.

1. ____ General supervision

2. ____ Direct supervision

3. ____ Indirect supervision

A. Means a dentist is present in the treatment facility while authorized treatments are being performed by a dental hygienist, dental assistant or dental student.

B. Means the authorization by a dentist of the procedures to be used by a dental hygienist, dental assistant, expanded function dental auxiliary, community dental health coordinator, or dental student and the execution of the procedures in accordance with the dentist’s diagnosis and treatment plan at a time when the dentist is not physically present in the facility.

C. Means the dentist is physically present throughout the performance of the act; orders, controls, and accepts full responsibility; evaluates and approves the procedure performed before the patient departs the dental setting.

Section 2: Multiple Choice-Please circle the letter for the correct answer.

4. A Community Health Care Coordinator, under the general supervision of a dentist, is certified to provide:
A. Dental education
B. Limited palliative care
C. Will typically work in settings other than the traditional dental offices and clinics
D. All the above

5. The purpose of the New Mexico Board of Dental Health Care includes all but the following, except:

A. Issue licenses to qualified dentists, owners of dental practices, and dental hygienists
B. Negotiate financial disputes/complaints between a patient and the dentist
C. Discipline incompetent dentists or unprofessional dentists
D. Certify qualified dental assistants, expanded function dental auxiliaries, and community dental health coordinators

6. Certified Expanded Function Dental Auxiliaries scope of practice as allowed under the direct supervision of a dentist includes all but the following, except:

A. Place and shape restorative materials
B. Impress for permanent fixed or removable prosthodontics for single teeth
C. Impress for permanent fixed or removable prosthodontics for multiple teeth
D. Cement permanent or provisional restorations with temporary cement provided a dentist will monitor the patient within six months.

7. Continuing education requirements for dentists per triennial period include all but the following, except:

A. Sixty hours total CE credits
B. Proof of an Infection Control course
C. Maximum of 30 hours CE credits may be online webinars or internet self-study
D. 10 hours of CE credits for all levels of sedation permits including courses in medical emergencies, anesthesia, and/or pharmacology
E. Proof of Basic Life Support course certification by the American Heart Association (AHA) or American Safety and Health Institute (ASHI)

8. Requirements for Non-Dentist Owners include all the following, except:

A. Shall be a United States citizen or legal US resident with a valid social security number
B. Shall be a resident of New Mexico or a corporation registered in New Mexico
C. Shall only operate a maximum of three dental facilities within the state of New Mexico
D. The owner/agent must pass the New Mexico Jurisprudence exam with 75% or better

9. Prerequisites for a Community Dental Health Coordinator Certification (CDHC) include all the following, except:
A. Applicant must have a degree in a dental-related field
B. High school diploma or equivalent and/or college degree
C. Successful completion of a Board-approved CDHC program
D. Certification by the Board in radiography, coronal polishing, and fit and fissure sealants

10. All the following are required for proper advertising by a dentist on promotional material and/or signage, except:

A. Dentist’s name/s
B. License number
C. Only Board-recognized Specialty designation, if applicable
D. Office address and telephone number

11. A dentist may be disciplined (to include license revocation, suspension, fines, stipulation, or limitation of license) if found guilty of all the following, except:

A. Violation of the Controlled Substances Act
B. Failure to use appropriate infection control techniques and sterilization procedures
C. Failure to report to the Board any adverse action taken by a licensing board, peer review body, or malpractice carrier
D. All of the above

12. 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. Respiration
D. Blood pressure

Section 3: True or False—Please circle the letter for the correct answer.

13. The definition of “limited palliative care” as it relates to the Community Dental Health Care Coordinator (CDHC) scope of care includes nonsurgical, reversible procedures that are meant to alleviate pain and stabilize acute or emergent problems.

True False

14. According the Rules, license renewal must be postmarked by July 1st to avoid working illegally under an expired license.

True False
15. Cosmetic Dentistry” is a recognized Board specialty in New Mexico.
   True False

16. Dental Hygienists in New Mexico may interpret radiographs.
   True False

17. A dental assistant with a C.D.A certificate from Dental Assisting National Board (DANB) does not require expanded function dental assistant certification from the Dental Board.
   True False

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

19. The minimal requirement for all dentists and auxiliary personnel who monitor the use and administration of nitrous oxide is Advanced Life Support certification.
   True False

20. A Non-Dentist Owner must post all of the dental employees’ names, licenses, and the Non-Dentist Owner’s name in a prominent location in the dental office.
   True False

21. Licensees must maintain proof of their continuing education courses for two years following their triennial renewal year.
   True False

22. Study clubs are an avenue to obtain continuing education credits, but have specific organizational requirements.
   True False

23. The Department of Health provides the Board of Dental Health Care with recommended practice restrictions following evaluation of providers with transmissible bloodborne diseases.
   True False
24. 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

25. Tele-dentistry is an allowable form of communication between a supervising dentist and a Community Dental Healthcare Coordinator.
True    False

26. The Expanded Function Duty Auxiliary may shape and prepare a preparation using an automated method such as a slow speed.
True    False

27. A Temporary/Public Service dental license can be granted upon request to those who meet the Board’s approved qualifications for charitable work, clinical education, and public health service in New Mexico.
True    False

28. Dental Assistants can take X-rays without a Board-issued Dental Radiography certification.
True    False

29. Dentists who administer a combination of nitrous oxide analgesia (inhalational) and oral sedatives (enteral) are required to obtain a Conscious Sedation I certification.
True    False

30. Dental Assistants that place and shape restorative material require an Expanded Function Duty Auxiliary certification.
True    False