



## New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

New Mexico Board of Dental Health Care and

New Mexico Dental Hygienist Committee

P.O. Box 25101 ▪ Santa Fe, New Mexico 87505

(505) 476-4680 ▪ Fax (505) 476-4545 ▪ [www.RLD.state.nm.us/boards/dental\\_health\\_care.aspx](http://www.RLD.state.nm.us/boards/dental_health_care.aspx)

**TO:** Dental Hygiene Applicant for Licensure by Examination (Level III)

**FROM:** New Mexico Dental Health Care, Board Administrator

**\*All licensing information provided is public information\***

On behalf of the New Mexico Dental Hygienist Committee, we are pleased that you have chosen New Mexico as a place to practice Dental Hygiene.

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.

If you are a new graduate and have never been licensed in another state or jurisdiction, the Board requires a **LEVEL III** Background Report from the **Professional Background Information Services (PBIS)**. **The background process may take 45-90 days to complete.** If you have not completed the PBIS background, the board and staff strongly recommends you start the background process immediately. Applicants must apply and pay the fee directly to **PBIS** to initiate this service; please contact:

**Professional Background Information Service (PBIS)**

23460 N. 19<sup>th</sup> Ave., Suite 225

Phoenix, AZ 85027

Ph: (602) 861-5867 Fax: (602) 861-9656

[www.pbisonline.com](http://www.pbisonline.com)

Upon receipt of the attached NM Licensure by Examination application and the required **\$350.00** 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).***

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](mailto:Dental.Board@state.nm.us)

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**THE FOLLOWING ITEMS ARE REQUIRED FOR LICENSURE BY EXAMINATION (LEVEL III):**

- Completed, signed and notarized original (no copies) New Mexico Dental Hygiene Committee Application for Licensure by Examination, including a photo (passport quality) taken within the last six months. *Applications are valid for one year from the date of receipt.*
- Application fee of **\$350** (check, money order, MasterCard or Visa) payable to the **New Mexico Board of Dental Health Care**. The application fee includes the initial licensing period, not to exceed three years.

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*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)*

- Official transcripts and/or an original letter on letterhead with a raised embossed seal verifying successfully passed all required courses from the dental hygiene school or college, to be send directly to the board office from the accredited program. Degree **MUST** be posted on transcripts.
- Copy of your WREB, CRDTS, SRTA or NERB/ADEX score card or certificate. Must have taken the Regional Clinical Board Examination within the last five years.
- Copy Dental Hygiene National Board Examination score card or certificate.
- 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
- Copy of having taken a course in Infection Control (OSHA) within the past twelve months or must have graduated from a dental hygiene school within the past twelve months
- Successful completion of the New Mexico Jurisprudence Examination with a score of at least 75 percent

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

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DENTAL HYGIENE
APPLICATION FOR LICENSURE BY EXAMINATION (LEVEL III)

\*All licensing information provided is public information\*

(Application fees are non-refundable)

Check if you are applying for:

( ) Licensure by examination, FEE \$350

Attach a Passport Quality Photo Here

1. PERSONAL INFORMATION

Last Name First Middle

Type or print your name as desired on official license or certificate

Mailing Address:

City: State: Zip:

E-Mail Address:

Contact Phone #: Business Phone:

Date of Birth Place of Birth Social Security Number

Proposed Practice Name:

Proposed 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 with 6 columns: State/Country, Licensed by Exam/Credentials, License Number, License Status, First Initial Issue Date, Expiration Date

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**3. DENTAL HYGIENE EDUCATION:**

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

Infection Control Course:

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(Location) (Title) (Date)

**4. EXAMINATION**

Date of National Board Examination: \_\_\_\_\_

Date of WREB/CRDTS/SRTA/NERB/ADEX Examination: \_\_\_\_\_

Date and name of any other clinical practice examination: \_\_\_\_\_

**5. 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:

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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 hygiene 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 dental hygiene 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 dental hygiene with reasonable skill and safety? YES \_\_\_\_\_ NO \_\_\_\_\_

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

**\*\*\*\*\*If 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 \_\_\_\_\_

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- 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 use 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 \_\_\_\_\_  
If yes, what was your license number? \_\_\_\_\_ Issue date? \_\_\_\_\_ Expiration date? \_\_\_\_\_

**LOCATION AND OCCUPATION FOR THE PAST THREE (3) YEARS:**

Dates	City & State of residence	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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

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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.

Seal

\_\_\_\_\_  
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 Dental Hygienist 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 **\$350.00**

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New Mexico Board of Dental Health Care  
Dental Hygiene Jurisprudence Exam

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 hygiene 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 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. Which of the following is **not** within the scope of practice of a licensed dental hygienist in the State of New Mexico:
  - A. Preliminary assessment of periodontal conditions
  - B. Removal of diseased crevicular tissue
  - C. Interpretation of dental radiographs
  - D. Application of subgingival therapeutic agents
  
2. If the Committee has cause to believe a dental hygienist is addicted to drugs or alcohol, or mentally or physically incapable of practicing dental hygiene with reasonable skill and safety, the Committee, with Board concurrence, may:
  - A. Require the hygienist to be examined by an examining committee to determine fitness to practice dental hygiene
  - B. Issue a formal reprimand
  - C. Without a hearing, summarily revoke the hygienist's license
  - D. All of the above
  
3. Ms. Hygienist graduated from an accredited dental hygiene program and is certified to administer local anesthesia. The hygienist last took BLS three years ago and her card has expired. She has been giving local anesthesia for Dr. Jones for ten years. Dr. Jones left the office during a break in his schedule, and the hygienist needed to anesthetize a patient for a difficult prophylaxis. The anesthesia was indeed delivered, uneventfully, and Dr. Jones returned before the patient was dismissed.

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- A. The administration of anesthesia was legal, but the expired BLS card was not.
  - B. The administration of the anesthesia was illegal, and the expired BLS card was also
  - C. Since Dr. Jones authorized the local anesthesia, but was not in the office, the hygienist's anesthesia certificate complied with the Rules.
  - D. The definition of general supervision allows local anesthesia to be given, even if the BLS requirement is not met.
4. Each applicant for licensure as a dental hygienist by credentials must possess the following qualifications:
- 1 Graduated and received a diploma from an accredited dental hygiene school
  - 2 Completed forty five (45) hours of approved continuing education during the past thirty-six months.
  - 3 Successfully completed the Dental Hygiene National Board
  - 4 Successfully completed the Western Regional Examining Board
  - 5 Hold a valid license by examination in another state or territory of the US
- A. 1, 3, 4 and 5
  - B. all of the above
  - C. 1, 3, and 5
  - D. 1, 3, 5, and 4
5. If at renewal an employed dental hygienist does not have the required continuing education credits, the applicant may:
- A. Stop practicing until the CE hours are complete
  - B. Not send in the renewal until the hours are complete
  - C. Send in the renewal form and fee and apply to the Committee for an emergency deferral, which will allow three months to complete the requirements
  - D. Include on the renewal courses that have been paid for and intent to complete in the next 30 days
6. If a dental hygiene license is revoked only for failure to renew, a hygienist may request reinstatement without having to take a written or practical exam, within how many years of the revocation notice?
- A. 1
  - B. 2
  - C. 3
  - D. 5
7. The authorization by a dentist of the procedures to be used by a dental hygienist and the execution of the procedures in accordance with the dentist's diagnosis and treatment plan is the definition of which type of supervision?
- A. Direct supervision.
  - B. Indirect supervision
  - C. General supervision
  - D. Certified supervision
8. Responsibilities of a consulting dentist for the collaborative practice hygienist include:
- 1. Knowing that the dental hygienist is duly licensed
  - 2. Providing a written prescription within seven days after giving a verbal prescriptions that varies from the written protocol agreement
  - 3. Providing dental care to patients of his/her collaborative hygienist
  - 4. Having on file how many other consulting dentists are associated with the collaborative practice



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- A. 2, 3, and 4
  - B. 1, 2, and 3
  - C. 1, 3, and 4
  - D. All of the above
9. All dental hygienists applying for license renewal are required to have taken a course during the previous triennial period in the following subject(s):
- A. Infection control
  - B. Dental jurisprudence
  - C. Radiation health and safety
  - D. Both (A) and (C)
10. Failure to submit a completed renewal application by August 31 of the renewal year may result in:
- A. Summons to appear before the Committee
  - B. License revocation
  - C. Written reprimand
  - D. Committee censure
11. Which of the following in **not** cause for disciplinary action against a New Mexico licensed dental hygienist:
- A. Failure to provide patient education
  - B. Using appropriate infection control techniques and sterilization procedures
  - C. Failure to inform the dentist and/or the patient of periodontal assessment
  - D. Offering to perform service for which the hygienist does not have appropriate education, experience and/or training to be competent
12. Dentists may provide dental hygienists a “written authorization” to provide hygiene care to residents/patients of nursing homes, long-term care facilities and hospitals. Such authorizations are valid for no longer than:
- A. A “reasonable period of time”
  - B. An unspecified period of time
  - C. 30 days
  - D. 11 months
13. Dental hygienists who are qualified in New Mexico to administer local anesthesia shall be required to:
- 1. Submit an application and fee for expanded function certificate
  - 2. Have current CPR certification
  - 3. Have two years of clinical experience before applying for certification
  - 4. Administer local anesthesia under general supervision
- A. 1 and 4
  - B. 1 and 3
  - C. 1 and 2
  - D. All of the above
14. Regarding the “Prescribed Administration” of nitrous oxide, and the administration of local anesthesia, consider the following: The doctor decided to leave the office at 3:00 p.m., while his hygienist has a 4:00 p.m. patient requiring local anesthesia and nitrous oxide for a deep scaling and root planning. The 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

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dentist has authorized the hygienist to administer the anesthesia and 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 without anesthesia
- A. 3 and 4  
B. 1, 2, and 4  
C. 1 and 4  
D. 2 and 4
15. Dental hygienists in New Mexico practice under general supervision, which means:
- A. The supervising 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 service to be performed and the hygienist must be in accordance with the diagnosis and treatment plan
  - D. The dentist must examine the patient before they are dismissed.
16. According to the Rules (MNAC), to avoid a penalty, license renewal must postmarked no later than:
- A. May 31
  - B. July 1
  - C. July 31
  - D. August
17. 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. The supervising dentist
  - B. The office manager and appointment secretary
  - C. The patient
  - D. Both (A) and (B)
18. In addition to the Dental Health Care Act, what laws govern disciplinary proceedings?
- A. The Uniform Licensing Act
  - B. The Public Records Act
  - C. The Mileage and Per Diem Act
  - D. The Governmental Conduct Act
19. 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
20. A dental hygiene licensee may be disciplined (to include license revocation, suspension, fines, stipulation or limitation of license) if found guilty of:
- A. Performing local anesthesia without a current certificate
  - B. Non-payment of New Mexico state income tax

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- C. Practicing when the dentist is not in the office
- D. All of the above

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**Section II: True/False - Please circle correct answer.**

- 21. Universal barrier precautions are mandatory in all dental care settings.  
True                  False
- 22. A collaborative practice hygienist is limited to only one consulting dentist.  
True                  False
- 23. Study clubs are an avenue to obtain continuing education credits and have specific organizational requirements.  
True                  False
- 24. Courses dealing with money management, personal finances or personal business matters, and courses in basic educational or cultural subjects that are not taught in direct relationship to dental care may be used to fulfill continuing education requirements.  
True                  False
- 25. Applications are only valid for six months from the date of receipt.  
True                  False
- 26. A dental hygienist who has been retired for six years may reinstate his/her license by paying all lapsed renewal fees and providing proof of continuing education.  
True                  False
- 27. Dental assistants may polish teeth under general supervision without certification.  
True                  False
- 28. If your license expires it is automatically placed in retirement status.  
True                  False
- 29. The Department of Health will provide the Dental Hygienists' Committee with recommended practice restrictions following evaluation of providers with transmissible blood borne infections.  
True                  False
- 30. A dentist may prescribe the administration of nitrous oxide by a dental hygienist or dental assistant as long as the dentist is in the office.  
True                  False