



**TO: Non-Dentist Owner Applicants**

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

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

The Board requires a report from B & B Reporting and the National Practitioner Data Bank for each owner. These reports must be mailed in with the application. The links for these reports are provided below:

B & B Reporting:

[https://bandbreporting.bgsecured.com/c/p/unsolicited\\_portal?guid=90YnH3OpyP6JD98CdWk9YIpEeb4WNNiR](https://bandbreporting.bgsecured.com/c/p/unsolicited_portal?guid=90YnH3OpyP6JD98CdWk9YIpEeb4WNNiR)

National Practitioner Data Bank: <https://www.npdb.hrsa.gov/ext/selfquery/SOHome.jsp>

**It is important you complete each area on the application form and submit the required fee.**

The following information and documentation is required as part of your New Mexico Non-Dentist Owner Application for Licensure. Applications are valid for one year from the date of receipt by the Board office.

**Non-Dentist Owner Applicants must provide the following documentation:**

- Completed application and required fees.
- B&B report and National Practitioner Data Bank report on all officers/partners of the company or corporation.
- Completed the New Mexico Jurisprudence Exam with a score of at least 75%.
- Verification of licensure where the non-dentist owner holds or has held a dental license, other health care professions, or non-dentist owner license. .

Once application and all documentation is received at the board office your application will be sent to the secretary-treasurer or delegate of the board who will review the application and determine eligibility for licensure.

**The license for Non-Dentist Owner may be issued:**

- A. Initial licenses are issued for a period not to exceed three years.
- B. The license must be displayed so that it is visible to the public and contain the following information:
  1. The names and contact information of the non-dentist owners shall be prominently displayed in public areas of the practice locations and on all advertisements of the practice.
  2. The non-dentist owner(s) shall prominently display in the a public area of the practice location(s) and on all advertisements the practice names of employee(s) licensed by the board

**Please keep the Board informed of any address changes in writing.** Any questions please contact the Board office at (505) 476-4680, by fax at (505) 476-4545 or by e-mail [Dental.Board@state.nm.us](mailto:Dental.Board@state.nm.us).





## Non-Dentist Owner Licensure Application

(Application fees are non-refundable)

**Application Fee \$300.00**

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

### DEMOGRAPHIC INFORMATION:

Name of Business:

Type or Print your name as desired on official license or certificate:

Address:

City:

State:

Zip:

Contact Name:

Business Phone #

Business E-Mail Address:

Business Website Address:

Mailing Address (if different from above address of records):

City:

State:

Zip:

NOTE: The mailing and email address you provide will be your address of record. It is your responsibility to maintain current contact information on file with the Board

Has the company ever been listed under any other name(s)?

Yes

No

If yes, list names:

### Type of Ownership: Please check one

**Sole Proprietorship**  
**Limited Liability Corporation (LLC)**  
**Other \_\_\_\_\_**

**Partnership**  
**Corporation**

### Type of Business: Please check one

General Dentistry Only

Specialty Practice - Please indicate Specialty: \_\_\_\_\_

### Licensure Information:

Have you ever had a New Mexico License/Certificate?

Yes

No

If yes, what was your license number?

License #

Issue Date:

Expiration Date:



List all states (or countries) in which you are or have been licensed (dentist, non-dentist owner or other health care profession), regardless of current status (attach additional page, if necessary)			
License Type	License #	Issue Date:	Expiration Date:
License Type:	License #	Issue Date:	Expiration Date:
License Type:	License #	Issue Date:	Expiration Date:
License Type:	License #	Issue Date:	Expiration Date:
<b>Ownership Information - List names of all owners, partners or officers:</b> (attach additional page, if necessary)			
Name:		Date of Birth:	
Address:		City:	State & Zip:
Phone #:	E-mail Address:	Place of Birth (City & State):	
Title:		Percentage owned: %	
Name:		Date of Birth:	
Address:		City:	State & Zip:
Phone #:	E-mail Address:	Place of Birth (City & State):	
Title:		Percentage owned: %	
Name:		Date of Birth:	
Address:		City:	State & Zip:
Phone #:	E-Mail Address:	Place of Birth (City and State):	
Title:		Percentage Owned: %	
Name:		Date of Birth:	
Address:		City:	State & Zip:



Phone #:	E-Mail Address:	Place of Birth (City & State):	
Title:		Percentage Owned: %	
Name:		Date of Birth:	
Address:		City:	State & Zip:
Phone #:	E-Mail Address:	Place of Birth (City & State):	
Title:		Percentage Owned: %	
<b>Employees:</b> List New Mexico licensed dentist(s), dental hygienists or New Mexico certified dental auxiliary who will be working in the facility: (attach additional page, if necessary)			
Licensee Name:	License #:	Type of Licensure:	Is license in good standing:
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
<p><b>Applicants with findings by B&amp;B or National Practitioner Data Bank i.e.:</b> civil cases, malpractice cases, state discipline, and criminal cases will be presented to the New Mexico Board of Dental Health Care "Review Committee". The Review Committee will make its recommendations regarding the applicant(s) to the New Mexico Board of Dental Health Care at its next regularly scheduled meeting. <b>(Applicants who go before the Review Committee will have a period of approximately three (3) months before approval of licensure).</b></p>			
<b>Applicants Attestation:</b>			
<p>I/we acknowledge that upon receipt of a completed application, including all required documentation and fees, the secretary-treasurer or the delegate of the board will review and may approve the application. The board shall formally accept the approval of the application at the next scheduled meeting.</p> <p>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.</p> <p>I/we acknowledge receiving and reading the Statues and Rules presently administered by the New Mexico Board of Dental Health Care and represent and agree that should I/we be granted the registration applied for I/we will at all times obey the Statutes and Rules.</p>			
Signature of Applicant (sign before Notary Public)			Date:





## New Mexico Board of Dental Health Care

### Non-Dentist Owner - 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. 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.
  
- 5. 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.
  
- 6. 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.
  
- 7. 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
8. 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. Respirations
  - D. Blood pressure
9. 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
10. Which of the following is NOT cause for disciplinary action against a New Mexico licensed dentist:
- A. Failure to provide the patient copies of their records
  - 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
11. 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)
12. According to the rules, to avoid a penalty, license renewal must be postmarked no later than:
- A. May 31



- B. July 1
  - C. July 31
  - D. August 1
13. If the Board or Dental Hygienists Committee has cause to believe a dentist or dental hygienist is addicted to drugs or alcohol, or mentally or physically incapable to practicing dentistry or dental hygiene 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
14. 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
15. 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
  - B. 1, 2 and 3
  - C. 1 and 4
  - D. 1, 3 and 4





16. The full mouth intraoral radiographs series submitted to the board office must be:
- A. Diagnostic quality
  - B. Taken without assistance
  - C. Submitted with an affidavit
  - D. All of the above
17. Dental assistants 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
18. Required courses for dental assistants for each renewal are:
- A. CPR/BLS, Radiographic Technique or Safety Protection and Risk Management
  - B. Infection Control, Patient Management, Radiographic Technique or Safety Protection
  - C. Radiographic Technique or Safety Protection, CPR/BLS, Infection Control
  - D. Patient Management, Jurisprudence, Radiographic Technique or Safety Protection
19. A licensee/certificate holder can request an emergency continuing education deferral for the following extenuating circumstances:
- A. Serious, physician-verified illness
  - B. Death in immediate family
  - C. Military service
  - D. All of the above
20. A dental hygienist is NOT allowed to prescribe the following:
- A. Fluoride supplements
  - B. Topical anti-cares treatments
  - C. Topical anti-infective
  - D. Controlled Substances
21. A dental hygienist may be disciplined if found guilty of:
- A. Administering local anesthesia without a current certificate



- B. Non-payment of New Mexico state income tax
  - C. Practicing when the dentist is not in the office
  - D. All of the above
22. Which of the following is NOT within the scope of practice of a licensed dental hygienist:
- A. Preliminary assessment of periodontal conditions
  - B. Removal of diseased crevicular tissue
  - C. Interpretation of dental radiographs
  - D. Application of subgingival therapeutic agents
23. A dental hygienist can apply for a permit to administer local anesthesia if she has met the following requirements
- A. Taken and passed the written and clinical regional clinical exam in local anesthesia
  - B. Has a current license to practice dental hygiene in New Mexico
  - C. Successful completion of an approved education program in local anesthesia of at least 24 didactic hours and 10 hours of clinical training
  - D. All of the above
24. The following records are considered confidential and are NOT subject to public inspection:
- A. Letters of reference
  - B. Medical reports or records of chemical dependency
  - C. Matters of opinion
  - D. Examination scores
25. The 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 prescription 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
- A. 1, 2 and 3
  - B. 2, 3 and 4



- C. 1, 3 and 4
- D. All of the above

26. Which of the following services or procedures are legal duties of a licensed hygienist:

- 1. Removal of broken cusp of a fractures upper molar
- 2. Taking the final impression for a partial denture
- 3. Permanently seating and cementing an onlay
- 4. Diagnosing a proximal carious lesion
- 5. Remove of diseased crevicular tissue and related non-surgical periodontal
- 6. Assess periodontal conditions

- A. 1, 4, 5 and 6
- B. 3, 4 and 5
- C. 5
- D. 5 and 6

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

27. According to the Rules, license renewal must be postmarked by July 1<sup>st</sup> to avoid working illegally under an expired license.

True          False

28. Cosmetic Dentistry” is a recognized Board specialty in New Mexico.

True          False

29. If a dentist or dental hygienist fails the jurisprudence exam, the applicant is required to submit a re-examination fee to retake the exam.

True          False

30. The term “Supervising Dentist” means a dentist who maintains the records of the patient for their care, has reviewed their current medical history, and for purposes of written authorization, has examined the patient within the previous twenty-four months or will examine or will examine the patients within 60 days of giving authorization

True          False



31. 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
32. 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
33. 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
34. Dental Assistants can take X-rays without a Board-issued Dental Radiography certification.
- True          False
35. 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
36. Applications are valid for six months from the date of receipt.
- True          False
37. The non-dentist owner(s) shall have direct control over the dentist's clinical decisions.
- True          False
38. A non-dentist owner does not need to include the names of the practicing dentists, dental hygienists or dental auxiliary personnel on advertisements.
- True          False



39. If a non-dentist owner license expires on July 1, they can continue to practice as long as they pay the required late fee.
- True            False
40. Non-dentist owner shall notify the board within 30 days of any changes in ownership.
- True            False
41. 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
42. A dental assistant certified by the New Mexico Board of Dental Health Care may use the initial C.D.A. even if they did not take the exam.
- True            False
43. The non-dentist owner does NOT need to notify the board of any employment changes of board licensed employees.
- True            False
44. Non-Dentist owner practices must maintain patient records for a minimum of 6 years.
- True            False
45. Non-dentist owners must be United States citizens or United States legal resident.
- True            False
46. If a non-dentist owner renewal application is not renewed on or before September 1, dental professionals in such offices shall cease and desist from further practice of dentistry or dental hygiene until non-dentists owner has reapplied for licensure.
- True            False
47. If an employee dentist or dental hygienists leaves the non-dentist owner practice, the non-dentists owner is responsible for the continued uninterrupted care of the patient by another New Mexico licensed dentist or dental hygienist.



True            False

48. In the definitions of the Act “certified dental assistant” refers to a dental assistant who meets specific qualifications set forth by the rules of the New Mexico Board of Dental Health Care.

True            False

49. Only dentists and dental hygienists may be disciplined by the Board.

True            False

50. Disciplinary action can be taken against a licensee or certificate holder if they are guilty of aiding or abetting an individual to practice without a license.

True            False

51. Dental assistants in New Mexico must be certified to take dental radiographs only if they are working without the dentist being present.

True            False

52. If a dental assistant chooses to only submit a panoramic film they are limited to take only extraoral radiographs.

True            False

53. If renewal is not sent in by September 1 the license/certificate is automatically revoked.

True            False

54. A dentist or dental hygienist who wishes to retire a license must request retirement status in writing to the board office prior to expiration of the current license.

True            False

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

True            False



56. If a licensee or certificate holder is practicing outside of the U.S., he/she is not required to fulfill continuing education requirements for the period of absence:
- True            False
57. The Dental Board/Hygiene Committee may assess fines, deny, revoke, suspend, or otherwise limit a license if it is determined that the licensee is guilty of violating any of the provisions outlined in the law or rules:
- True            False
58. Continuing education records must be maintained for one year following the renewal cycle in which they were earned:
- True            False
59. Presumptive public service licensure is for a Board approved charitable dental/dental hygiene projects:
- True            False
60. Discipline may be taken against a dentist for failure to release to a patient copy of that patient's records and x-rays regardless whether a patient has an outstanding balance:
- True            False

