

Using HSC for source documents

Step 1: Complete the online application in its entirety and submit the \$400.00 fee. An incomplete application will delay processing. All fees are non-refundable. When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

The following documentation and fees must be sent to HSC: (contact details below)

Step 2:

a. Processing fee of \$350 made payable to NMHSC.

If paying by credit card (preferred method), you can pay online using this link:

<https://www.nmhospitalservices.com/cvs-pay-now>

If paying by check, please notate applicant name in the "memo" section and mail to the address below.

Hospital Services Corporation

PO Box 92200

Albuquerque, NM 87199

b. Signed and dated Attestation and Release faxed, emailed or uploaded to HSC (**See form below**) or click [here](#) to access the DocuSign version of the form which will be sent directly to HSC on completion

Step 3:

The following documentation must be mailed to NM Medical Board: (address below)

- a. Completed "Applicant's Oath", including a **passport quality color photo of the applicant taken within the last six months.** (**See form below**)
- b. A copy of your specialty board certificate and re-certification, if applicable.

New Mexico Medical Board

2055 S. Pacheco Street, Building 400

Santa Fe, New Mexico 87505

Step 4: The following documentation must be requested by applicant and submitted directly from the appropriate source to the Board. **WE WILL NOT ACCEPT THESE DOCUMENTS FROM THE APPLICANT. If you qualify for licensure by endorsement, you are not required to have examination scores sent to the NM Medical Board (see Eligibility for Licensure in New Mexico for details).**

- a. **Verification of Examination Scores.** The NMMB requires verification of exam scores directly from the source.
- National Board scores may be obtained by calling 215-590-9592, or downloading the required request form at www.nbme.org.
 - USMLE, Flex and SPEX scores may be obtained from the Federation of State Medical Boards by calling 817-868-4000, or by visiting www.fsmb.org.
 - NBOME/COMLEX-USA scores may be obtained by requesting a certified copy by going to www.nbome.org/assessments/ (see link on the NBOME transcript page) You can also call 866-479-6828.
 - MCCQE scores can be requested by calling 613-521-6012.
 - State board exam scores and pass date should be requested with the Verification of Licensure form.
- b. **Status report of ECFMG certification** for all international graduates. Please contact ECFMG at 215-386-5900 or www.ecfmg.org to request a Status Report of ECFMG Certification be sent directly to the New Mexico Medical Board. If applying through a Fifth Pathway, a copy of the ECFMG interim letter documenting the additional postgraduate training is required.

Step 5:

Personal Interview. If you are required to schedule an appointment for a personal interview with the Board or the Board's designee, you will be notified after your application and all required documents have been received and are complete in every detail.

Step 6: License. Applicants whose applications are approved for licensure will be issued a license to practice in New Mexico. **Medical licenses shall be renewed on July 1 following the date of issue.** Initial licenses are valid for a period of not more than 13 months or less than 1 month.

**HOSPITAL SERVICES CORPORATION
CREDENTIALS VERIFICATION SERVICE
STANDARD AUTHORIZATION, ATTESTATION AND RELEASE**

Authority to Release: I consent to complete disclosure by the recipient of this release to Hospital Services Corporation's Credentials Verification Service ("HSC") of all relevant information pertaining to my professional qualifications, moral character, physical and mental health (hereinafter "qualifications") on behalf of those organizations and their authorized representatives (hereafter "Health Care Entity") to which I have applied as a health care provider and which have designated HSC as their agent. I authorize the recipient to make available and/or disclose to HSC all such information in its files from any university, professional school, licensing authority, accreditation board, hospital, physician, dentist, professional society, insurance carrier, law enforcement agency, military service, or any other person or entity deemed necessary or appropriate in the investigation and processing of my application.

I request and authorize the recipient to release the requested information and I expressly waive any claim of privilege or privacy with respect to the released information bearing on my admission to, retention or termination of medical staff appointment or clinical privileges. I release and discharge HSC, the Health Care Entity and the medical, dental, podiatry and ancillary staffs or panels, credentials committees, administrators, review and approval boards or committees, governing boards, whether or not designated by these titles, and their agents, servants or employees authorized by representatives and all other persons or entities supplying information to them from liability or claims of any kind or character in any way arising out of inquiries concerning me or disclosures made in good faith in connection with my application for appointment to the Health Care Entity's Medical Staff or Provider Panel.

This authorization is limited to the acquisition and disclosure of information required by state or federal law, and information which is acquired or disclosed pursuant to activities protected by the state's Review Organizational Immunity Act and the Health Care Quality Improvement Act of 1986.

Attestation: I certify that the information I have provided and the statements I have made on this application are correct, true, and complete to the best of my knowledge. I will abide by the applicable bylaws, rules and regulations, and policies and procedures of the designated health care entity. I acknowledge that I have received and reviewed a copy of the bylaws, if applicable, of the designated health care entity. I further agree that, in the event there should arise an adverse ruling with respect to my status and/or clinical privileges, I will exhaust the administrative remedies afforded by the entity's bylaws before resorting to litigation.

Signature stamps and date stamps are not acceptable.

Applicant Signature

Printed Name

Date

Please fax, upload or e-mail this completed form to:

Hospital Services Corporation
Credentials Verification Services
Toll Free: (866) 908-0070 x 2006
Facsimile: (505) 346-0287
Email: credentialing@nmhsc.com

For additional information about disclosures and definitions used in this document, please refer to our website at <https://ecreds.nmhsc.com> in our Practitioner Documents section.

New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505 (505) 476-7220

APPLICANT'S OATH

I, _____, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.

**ATTACH
RECENT
PASSPORT-
QUALITY*
PHOTOGRAPH
THAT WILL FIT IN
THIS SPACE**

Applicant Signature

Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name _____ Date _____