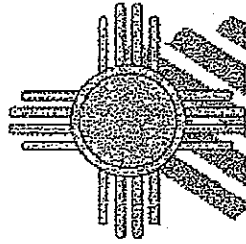


# Complete Text of Questions



Professional License  
Application  
and Renewal  
STATE OF NEW MEXICO

**Renewal Checklist**

- [Questions](#)
- [Demographics](#)
- [License Address](#)
- [License Update](#)
- [Survey](#)
- [Finish](#)

Please read the following questions carefully and provide accurate answers. The Board requires a paper copy of any actions taken by any state licensing boards during the past three years, as well as copies of any malpractice information from claims during the past three years that have not been previously submitted.

Click **Submit Answers** after you have answered all of the questions. To move to the next step, you can click on link at the bottom of the page or select from the menu on the left.

Frequently Asked Questions: [FAQ](#)

[Licensing Home Page](#)  
[Logout](#)

Question	Answer
1. Has any action, including any disciplinary action, probation, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board since your last renewal?	<input type="text" value="Please Choose"/>
2. Have you been denied a license in another state since your last renewal?	<input type="text" value="Please Choose"/>
3. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license since your last renewal?	<input type="text" value="Please Choose"/>
4. Have you been charged, arrested, convicted of, or pled no contest to a crime since your last renewal?	<input type="text" value="Please Choose"/>
5. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you since your last renewal?	<input type="text" value="Please Choose"/>
6. Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (if you are currently a voluntary participant in a Board approved monitoring program you may answer "No")	<input type="text" value="Please Choose"/>
7. Do you have any medical or mental condition that in any way impairs or limits your ability to practice safely?	<input type="text" value="Please Choose"/>
8. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	<input type="text" value="Please Choose"/>
9. Have you been reported to the National Practitioner Data Bank since your last renewal?	<input type="text" value="Please Choose"/>
10. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.	<input type="text" value="Please Choose"/>

Change Status on Renewal:

Active 

If you have answered yes to questions 1-9 above please click [here](#) and provide a written explanation of your yes answer(s) and indicate if you will be providing any additional information by mail. Board staff will review the explanations provided. This may delay the processing of your renewal application as further information may be required.

If you have answered "No" to question 10, please click [here](#) for information about an Emergency Deferral.

To view the Continuing Education click [here](#).

To request an Emergency Deferral, click [here](#).

***By clicking [Submit Answers](#) I certify that the information contained in the renewal application I have submitted are true and correct to the best of my knowledge. I further understand that my license could be in jeopardy if I have knowingly made any false statements in the completion of this application.***

[Submit Answers](#)

[Go to next step.](#)

<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
56	1. Has any action,	N	4/6/2005	4/11/2005
57	2. Have you been denied	N	4/6/2005	4/11/2005
58	3. Has there been any	N	4/6/2005	4/11/2005
59	4. Have you been	N	4/6/2005	4/11/2005
60	5. Have there been any	N	4/6/2005	4/11/2005
61	6. Have you had	N	4/6/2005	4/11/2005
62	7. Do you have any	N	4/6/2005	4/11/2005
63	8. Are you currently	N	4/6/2005	4/11/2005
64	9. Have you been	N	4/6/2005	4/11/2005
65	10. I certify that I have	Y	4/6/2005	4/11/2005
86	Please select a statement	Engaged in direct patient	4/6/2005	4/11/2005
87	Do you practice full-time	N	4/6/2005	4/11/2005
94	Do you practice	Y	4/6/2005	4/11/2005
95	Are you retired but	N	4/6/2005	4/11/2005

Boyd, Curtis W

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