

New Mexico Department of Health  
New Mexico Nurse Aide Training and Registry  
**RECIPROCITY FORM**

Email, Fax or send via mail to:

Delfinia Sandoval, CNAR Coordinator  
Division of Health Improvement  
2040 S. Pacheco St. Rm. 237  
Santa Fe, NM 87505  
[Delfinia.sandoval@state.nm.us](mailto:Delfinia.sandoval@state.nm.us)

FAX: (505) 476-9048

FAX: (505) 476-9026

Five documents are required for reciprocity to New Mexico from other states.

1. Full Name \_\_\_\_\_  
(First, Middle and Last Name)

If there is a name change on any of the documents DOH requires; a copy of the document which has changed a last name via marriage license (maiden name), divorce decree or other then a document must accompany the documentation submitted for proof of name change of the nurse aide.

2. Two Contact Phone Numbers \_\_\_\_\_  
\_\_\_\_\_

3. Permanent Mailing Address (P.O. Box) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Copy of a Driver's License or Identification

5. Copy of Social Security Card

6. Copy of the current, active certification (it must be in good-standing); if there are more than one certifications, forward a copy of the certifications to the address above.

**ALL COPIES MUST BE LEGIBLE**