

Background Checks

For In-State Applicants



<https://nm.ue.state.identogo.com/ue>

In-State Live Scans

If you are going to be completing your background check in New Mexico, you will need to follow this guidance to complete it.

You will first need to go to [IdentoGO](#) to register and set up your appointment for your Live Scan fingerprinting.

https://nm.ue.state.idento.com/ue

Verify it's youRelaunch

FOR AGENCIES

NEW MEXICO

Enrollment & Fingerprinting Services



Enrollment for Licensing, Certification, or Employment requirements in New Mexico

IdentoGO by IDEMIA is the leading biometric solutions provider for state and local agencies, specializing in the secure capture and transmission of electronic fingerprints for employment, certification, licensing, and other verification purposes.

Enter your service code to get started.

NM Residents: Enter your service code below to start your enrollment process and schedule an appointment at an in-state enrollment center.
Non-NM Residents: Select Mail in Physical Fingerprint Card option under Additional Services section below.
Don't know your service code? Click [here](#) or contact your agency or employer.

Service Code*
2BH2GV

GET STARTED >

For Enrollment and Scheduling Assistance please contact IdentoGO Customer Service: 877-467-9215.

Additional Services

To look up an existing registration status or make changes to your appointment, please select 'Reschedule or Manage Appointment.' For all other services, make a selection below. Applicants that do not reside in New Mexico should choose the 'Mail-In Physical Fingerprint Card' option below.



Check Enrollment Status



Reschedule or Manage Appointment



Mail-In Physical Fingerprint Card



Schedule a Reprint Appointment

In-State Live Scans

To Begin:

1

Once you are on this page, please select
"Start Enrollment"

https://nm.ue.state.identogo.com/ue/service/lookup

🔍 ☆ 📄 📄 Ver

New Mexico

Enrollment Service Lookup

Based on your inputs, the following service information is available.

AGENCY:

MEDICAL BOARD

REASON FOR FINGERPRINTING:

61-6-11 MEDICAL LICENSURE

REVIEWING AGENCY:

NM920230Z - MEDICAL BOARD

SERVICE CODE:

2BH2GV

CANCEL

START ENROLLMENT

In-State Live Scans

To Begin:

1 Please read the form carefully.

2 Acknowledge and then click "Continue"

MEDICAL BOARD

61-6-11 MEDICAL LICENSURE

Fingerprint-Based Criminal History Record Request Authorization and Notification Form

** By signing this authorization, I hereby acknowledge that I consent to the collection and retention of my fingerprints as part of the application / employment / licensing process.

I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the New Mexico Department of Public Safety for the purpose of assessing and reviewing state and national criminal history that may pertain to me directly, pursuant to 28 CFR, Sections 16.30-16.34.

I acknowledge that I have been notified of how to access the procedures to challenge the accuracy or completeness of my record, set forth in Title 28 CFR 16.34 and the Privacy Act Statement.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

§ 16.34 Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

[Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999]

 I acknowledge that I have read, understand, and agree to the above Statement.

[DOWNLOAD](#)

[CANCEL ENROLLMENT](#)

[CONTINUE >](#)

In-State Live Scans

To Begin:

1 Once you are on this page, please enter your demographic information

2 Click "Continue at the bottom of the page once complete.

MEDICAL BOARD
61-6-11 MEDICAL LICENSURE

1 Personal Information 2 Schedule Appointment 3 Review Enrollment Application 4 Payment & Confirmation

PERSONAL INFORMATION * Required fields

Name
Legal name must match exactly on all identification documents brought to enrollment.
First Name* Middle Name Last Name* Suffix

Have you ever used an alias?
☐ Yes ☒ No

Have you ever used a maiden or previous name?
☐ Yes ☒ No

SSN
Social Security Number

Biographic Information
Date of Birth*
Gender* Hair Color* Eye Color*
Race*
Height (ft)* Height (in)* Weight (lbs)*

Citizenship
Country of Birth* City of Birth
Country of Citizenship*

Residential Address
Country* Address Line 1* Address Line 2 (optional)
City* Postal Code*
Is your residential address and mailing address the same? *
Yes ☒ No ☐

Employer
Employer Name
Occupation/Position

Employer Address
Country* Address Line 1 Address Line 2 (optional)
City Postal Code

Contact
Remember the email address and phone number below, as they will be used to look-up application information during your in person appointment and to check your status online. Email is recommended so we can provide a receipt and keep you updated.
Email* Confirm Email*
Main Phone Country Code United States (+1) Main Phone Number
Alternate Phone Country Code United States (+1) Alternate Phone Number
Preferred Method of Contact* Email Preferred Language*

CANCEL ENROLLMENT

[BACK](#) [CONTINUE](#)

In-State Live Scans

To Begin:

- 1 Once you are on this page, please enter your demographic information
- 2 Click "Continue at the bottom of the page once complete.
- 3 You will enter a zip code convenient to you (example: 87121 Albuquerque)
- 4 This will give you a selection of locations to choose from.
- 5 You can select the location best for you and click on it.

MEDICAL BOARD
61-6-11 MEDICAL LICENSURE

Personal Information Schedule Appointment Review Enrollment Application Payment & Confirmation

SCHEDULE APPOINTMENT

Find a convenient time and place for you to complete your in-person enrollment appointment. If there's no location that's suitable for you, you can mail in a physical fingerprint card.

☐ I would like to mail in a fingerprint card

☐ I have a special location access code

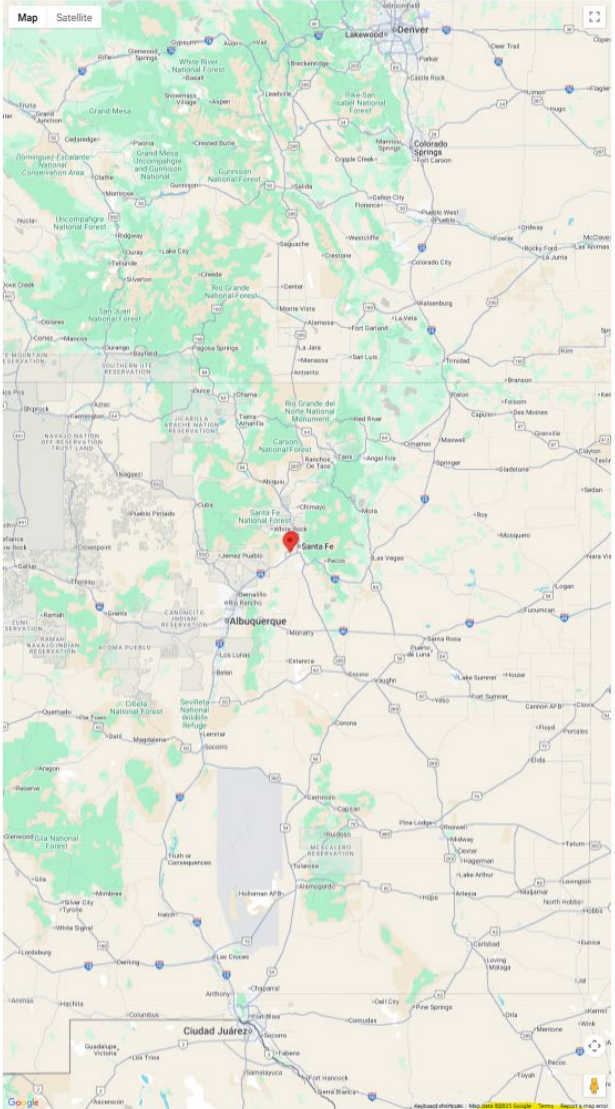
Select a location near you

Search by zip code, city or airport code

☒ USE MY CURRENT LOCATION

Showing 2 results

DMV Title Experts 3434 Zafarano Dr, STE A, Santa Fe, NM 87507-2658 Next Available Appointment: 10/29/25 at 9:50 AM SELECT LOCATION >	9.3 mi
New Mexico DPS 4401 Cerillos Rd, Santa Fe, NM 87507-9721 No appointments available for this location. SELECT LOCATION >	9.8 mi



In-State Live Scans

To Begin:

- 1 Once you are on this page, please enter your demographic information
- 2 Click "Continue" at the bottom of the page once complete.
- 3 You will enter a zip code convenient to you (example: 87121 Albuquerque)
- 4 This will give you a selection of locations to choose from.
- 5 You can select the location best for you and click on it.
- 6 This will bring up a calendar with available appointments. Select the one that works best for you and confirm.

The screenshot shows a web interface for booking a title appointment. At the top, it says "DMV Title Experts" with a close button (X). Below this is a calendar for "October 2025". The calendar shows days of the week (S, M, T, W, T, F, S) and dates. The date "29" is highlighted in a purple circle. To the right of the calendar, under "DATE SELECTED", it says "Wednesday, Oct 29". Below that, under "AVAILABLE TIMES", there is a grid of time slots: 09:50 AM, 10:20 AM, 10:30 AM, 10:40 AM, 10:50 AM, 11:00 AM, 11:20 AM, 11:30 AM, 11:40 AM, 11:50 AM, 12:10 PM, 12:30 PM, 12:40 PM, 12:50 PM, 01:00 PM, and 01:10 PM. Below the calendar, under "LOCATION ADDRESS", it says "3494 Zafarano Dr, STE A, Santa Fe, NM 87507-2658". To the right, under "LOCATION DETAILS", it says "Monday-Friday: 9:30 AM - 3:00 PM". At the bottom right, there are two buttons: "BACK" and "CONFIRM APPOINTMENT".

DMV Title Experts

October 2025

S M T W T F S

1 2 3 4

5 6 7 8 9 10 11

12 13 14 15 16 17 18

19 20 21 22 23 24 25

26 27 28 29 30 31

DATE SELECTED

Wednesday, Oct 29

AVAILABLE TIMES

09:50 AM 10:20 AM 10:30 AM 10:40 AM

10:50 AM 11:00 AM 11:20 AM 11:30 AM

11:40 AM 11:50 AM 12:10 PM 12:30 PM

12:40 PM 12:50 PM 01:00 PM 01:10 PM

LOCATION ADDRESS

3494 Zafarano Dr, STE A, Santa Fe, NM 87507-2658

LOCATION DETAILS

Monday-Friday: 9:30 AM - 3:00 PM

BACK CONFIRM APPOINTMENT

In-State Live Scans

To Begin:

- 1
- Please verify that your demographic information is correct. Incorrect information can severely delay the processing of your background check.

MEDICAL BOARD

61-6-11 MEDICAL LICENSURE

Personal Information

Schedule Appointment

Review Enrollment Application

Payment & Confirmation

Please review and submit your application

Your application has not been submitted yet. Please review and submit it below.

REVIEW ENROLLMENT APPLICATION

Appointment Details

Please review your scheduled appointment below.

APPLICATION TYPE

61-6-11 MEDICAL LICENSURE

DATE AND TIME

10/29/2025
10:20 AM MDT

APPOINTMENT LOCATION

DMV Title Experts
3494 Zafarano Dr, STE A, Santa Fe, NM 87507-2658

EDIT APPOINTMENT

Personal Information

Please review your personal information below. Legal name must match exactly on all identification documents brought to enrollment.

NAME & BIOGRAPHICS

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX

GENDER

DATE OF BIRTH

EYE COLOR

HAIR COLOR

RACE

HEIGHT(F T)

HEIGHT(IN)

WEIGHT(LBS)

CITIZENSHIP

COUNTRY OF CITIZENSHIP

United States

COUNTRY OF BIRTH

CITY OF BIRTH

STATE/PROVINCE OF BIRTH

RESIDENTIAL ADDRESS

COUNTRY OF RESIDENCE

STATE/OR PROVINCE

CITY

POSTAL CODE

ADDRESS LINE 1

ADDRESS LINE 2

CONTACT INFORMATION

MAIN PHONE NUMBER

PREFERRED LANGUAGE

English

E-MAIL ADDRESS

CANCEL ENROLLMENT

BACK

CONTINUE TO PAYMENT

Payment

You will begin your payment on this page.

MEDICAL BOARD

61-6-11 MEDICAL LICENSURE

✔ Personal Information ————— ✔ Schedule Appointment ————— ✔ Review Enrollment Application ————— 4 Payment & Confirmation

PAYMENT

Please note that payment is required for your enrollment. Credit Card is the preferred method of payment. Cash and personal checks are NOT accepted in-person.

PAYMENT METHOD

- ☒ Credit Card
- ☐ eCheck

SERVICES	SERVICE COST
TOTAL	\$59.00

Enter any payment vouchers or coupon codes below.

Coupon Code

APPLY

CANCEL ENROLLMENT

< BACK

PAY AND SUBMIT

Making your Payment

1

Enter your payment information in this popup.

Enrollment Payment

×

Amount 59.00

Exp Month *

October ▼

Exp Year *

2025 ▼

State/Province *

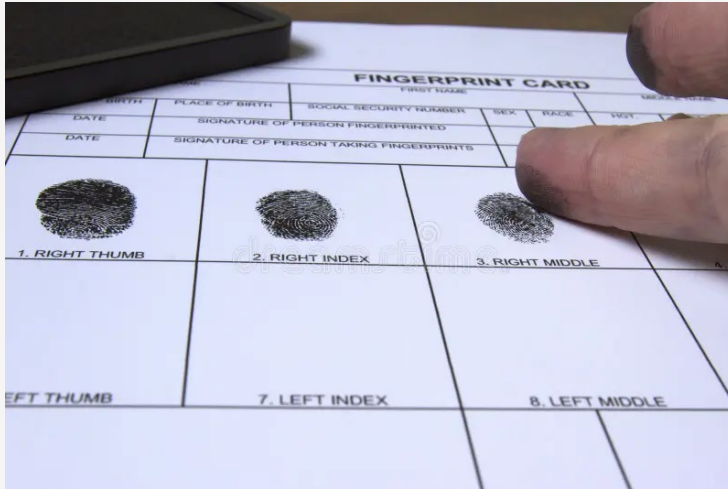
Alabama ▼

CANCEL

Pay

What happens next?

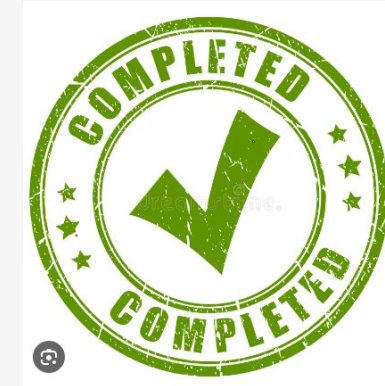
Your next steps:



1 Go to your selected fingerprinting facility at the time you have chosen. Be sure to take your registration and payment information.



2 Your fingerprints will be electronically submitted to IdentoGo.



3 IndentoGo/Idemia sends us the Board the results and they are added to your application.

Have more questions?

If you ever have questions, reach out. We are happy to help.

[Medical Board Web Site](#)



[Provider Portal Login](#)



[Rules and Statutes](#)



nm.medicalboard@nmmb.nm.gov