



New Mexico Board of Nursing

PAYMENT FORM

Medication Aide Programs
Hemodialysis Technician Programs

INSTRUCTIONS: Complete both pages of this form and fax it to (505) 841-8347. They may also be mailed to:

NM Board of Nursing
Attn: UAP Programs
6301 Indian School Rd. NE, Ste. 710
Albuquerque, NM 87110

NOTE: For your protection, do not email credit/debit card payment information.

Type of program (check one)

_____ Medication Aide Program

_____ Hemodialysis Technician Program

Facility Name: _____

Type of fee

_____ Initial program review (CMA I, CMA I & II, CHT I, CHT I & II) \$250.00

_____ Program change review (Add CMA II or CHT II to existing program) \$200.00

_____ Program renewal/periodic evaluation \$200.00



New Mexico Board of Nursing

Facility name: _____

Payment method (select one)

____ Credit or debit card. MasterCard or Visa only. Complete section below.

____ Business check (BON does not accept personal checks)

Interagency transfer – state agencies only. Contact Donna Arbogast to create an agency transfer: Donna.Arbogast@state.nm.us or (505) 841-8344

Credit/debit card information

Card type: _____ MasterCard _____ Visa

Name on card: _____

Card number: _____

Expiration date: _____ / _____ (MM/YY)

3 digit CVC code: _____

Signature: _____