



# New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

## Board of Pharmacy

5500 San Antonio Drive NE, Suite C • Albuquerque, New Mexico 87109

(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102

<http://www.rld.state.nm.us/boards/pharmacy.aspx>

## PHARMACY APPLICATION

**FEE:** \$300 biennially, payable by check or money order. Applications must be accompanied by the fee to avoid delay in processing.

This application must be received or postmarked by December 31. You must include an additional **\$75 late penalty fee** if this application is postmarked after December 31. Mail your application early. There will be five to ten business days processing time once the application is received.

### **A COPY OF THE FOLLOWING PHARMACY PROCEDURES MUST BE SUBMITTED WITH ALL NEW APPLICATIONS.**

#### **16.19.6.9 PHARMACIST-IN-CHARGE:**

- (1) To establish for the employees of the pharmacy, written policies and procedures for procurement, storage, compounding and dispensing of drugs:

#### **16.19.20.42 PRESCRIPTION REQUIREMENTS:**

- G. A pharmacy employee must verify the identity of the patient or the patient's representative before a new prescription for a controlled substance listed in Schedule II, III, or IV, is delivered. Acceptable identification means a state issued driver's license, including photo, or other government issued photo identification. The identification number of the government issued identification and the name imprinted on that identification must be recorded in a manner to be determined by a written policy developed by the pharmacist-in-charge. Exceptions are, a new controlled substance prescription filled for a patient known to the pharmacist or pharmacist intern, whose identification has already been documented in a manner determined by a written policy developed by the pharmacist-in-charge; a controlled substance prescription filled for home delivery; or a controlled substance prescription filled for and delivered to a licensed facility

#### **16.19.25.8 THE PHARMACIST IN CHARGE SHALL:**

- A. Develop and implement written error prevention procedures as part of the Policy and Procedures Manual.  
B. Report incidents, including relevant status updates, to the Board on Board approved forms within fifteen (15) days of discovery.

### ***Retain a copy of the application and form of payment for future reference.***

I/We, the undersigned, hereby apply for a license to operate a pharmacy under the Pharmacy Laws of the State of New Mexico and present the following statements in support of the privilege to be granted a license and represent that if such license is granted, such place will be conducted in full compliance with existing Pharmacy Laws, and Rules and Regulations of the Board of Pharmacy

I/We, the undersigned, hereby understand that the license expires December 31 of every other year, that the license is not transferable, and that a separate license is required for each pharmacy location.

|                                                                                                  |                          |                 |                          |                     |
|--------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|---------------------|
| Check One:                                                                                       | <input type="checkbox"/> | New Application | <input type="checkbox"/> | Change of Ownership |
| Name:                                                                                            |                          |                 |                          |                     |
| Address:                                                                                         |                          |                 |                          |                     |
| City:                                                                                            | State:                   | Zip Code:       |                          |                     |
| Mailing Address:                                                                                 |                          |                 |                          |                     |
| City:                                                                                            | State:                   | Zip Code:       |                          |                     |
| Phone:                                                                                           | Fax:                     |                 |                          |                     |
| Web site:                                                                                        |                          |                 |                          |                     |
| E-mail:                                                                                          |                          |                 |                          |                     |
| Enter current registration numbers below. Check pending if applying for or N/A if not applicable |                          |                 |                          |                     |
| DEA Reg. No.                                                                                     | <input type="checkbox"/> | Pending         | <input type="checkbox"/> | Not Applicable      |
| NM Controlled Substance No.                                                                      | <input type="checkbox"/> | Pending         | <input type="checkbox"/> | Not Applicable      |



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|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|-----------------------|---------------------------|-----------------|---------------|
| <b>CHECK APPROPRIATE CLASSIFICATION</b>                                                                                                                                                                                                                                                                           |                |                     |                       |                           |                 |               |
| <input type="checkbox"/> If an individual is owner, provide name, address and phone number below.                                                                                                                                                                                                                 |                |                     |                       |                           |                 |               |
| <input type="checkbox"/> If a partnership is owner, list names, addresses and phone numbers of all partners below. Attach a list if necessary.                                                                                                                                                                    |                |                     |                       |                           |                 |               |
| <input type="checkbox"/> If a corporation or municipality, list names, addresses, phone numbers and titles of all officers. Attach a list if necessary.                                                                                                                                                           |                |                     |                       |                           |                 |               |
| <input type="checkbox"/> If a county, city, state or church is owner, list names, addresses, phone numbers, and titles of all officers. Attach a list if necessary                                                                                                                                                |                |                     |                       |                           |                 |               |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                       | <b>TITLE</b>   | <b>HOME ADDRESS</b> | <b>CITY/STATE/ZIP</b> | <b>PHONE No.</b>          |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
| <b>Provide names and certificate numbers of all Registered Pharmacists, including owner(s) if registered. Attach list if necessary.</b>                                                                                                                                                                           |                |                     |                       |                           |                 |               |
| <b>NAME OF PHARMACIST</b>                                                                                                                                                                                                                                                                                         |                |                     |                       | <b>CERTIFICATE NUMBER</b> |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
| <b>Provide names of all supportive personnel with position title. Attach a list if necessary.</b>                                                                                                                                                                                                                 |                |                     |                       |                           |                 |               |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                       |                |                     |                       | <b>TITLE</b>              |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
| <b>List all trade or business names ("DBA" names) previously or currently used by the same corporation or by licensee</b>                                                                                                                                                                                         |                |                     |                       |                           |                 |               |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
| <b>NORMAL HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                                  |                |                     |                       |                           |                 |               |
| <b>MONDAY</b>                                                                                                                                                                                                                                                                                                     | <b>TUESDAY</b> | <b>WEDNESDAY</b>    | <b>THURSDAY</b>       | <b>FRIDAY</b>             | <b>SATURDAY</b> | <b>SUNDAY</b> |
|                                                                                                                                                                                                                                                                                                                   |                |                     |                       |                           |                 |               |
| <b>ANY CHANGE OF REGISTERED PHARMACISTS OR SUPPORTIVE PERSONNEL MUST BE REPORTED TO THE BOARD IN WRITING WITHIN TEN (10) DAYS.</b>                                                                                                                                                                                |                |                     |                       |                           |                 |               |
| I/We, the undersigned, have not been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of <i>nolo contendere</i> , or entered into any other legal agreements for any criminal offense in any state, territory, or possession of the United States or by the federal government.* |                |                     |                       |                           |                 |               |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                 |                |                     |                       |                           |                 |               |
| I/We, the undersigned, have not had any disciplinary actions, or do not have any pending actions against me, or to my knowledge been investigated by any professional licensing authority.*                                                                                                                       |                |                     |                       |                           |                 |               |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                 |                |                     |                       |                           |                 |               |
| <i>*Attach an explanation for failure to sign the above statements. Explain the circumstances, and include a copy of the judgment.</i>                                                                                                                                                                            |                |                     |                       |                           |                 |               |
| I/We, the undersigned, hereby certify that the information given in this application is true and correct to the best of my/our knowledge.                                                                                                                                                                         |                |                     |                       |                           |                 |               |
| <b>OWNER OR OFFICER SIGNATURE:</b>                                                                                                                                                                                                                                                                                |                |                     |                       |                           | <b>DATE:</b>    |               |
| <b>PRINT NAME OF OWNER OR OFFICER:</b>                                                                                                                                                                                                                                                                            |                |                     |                       |                           |                 |               |
| <b>CHIEF PHARMACIST SIGNATURE:</b>                                                                                                                                                                                                                                                                                |                |                     |                       |                           | <b>DATE:</b>    |               |
| <b>PRINT NAME OF CHIEF PHARMACIST:</b>                                                                                                                                                                                                                                                                            |                |                     |                       |                           |                 |               |