



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

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

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

PRECEPTOR APPLICATION

I have been actively engaged in the practice of pharmacy for one year.

I am currently engaged in the full-time practice of pharmacy.

I have not been convicted of violations of any laws or regulations relating to pharmacy within three (3) years of this application.

I shall submit all required forms, affidavits and evaluations to the board on or before due dates. Evaluations are done yearly or upon termination of employment of either intern or preceptor.

I shall be aware and responsible for following all regulations governing legal and ethical professional conduct as outlined in the Standards of Practice and train the intern in this area.

I shall notify the Board of any changes of employment address or location, in writing, within ten (10) days of such a change.

I shall not leave the intern alone to assume the responsibility of a pharmacist

I have read and fully understand the above requirements for a preceptor. I further understand that failure to comply with these requirements may serve as grounds for revocation of my preceptor license.

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ RPH # _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Does Pharmacy have a preceptor Training Number? _____ IF Yes, State Number _____

Name of Pharmacy: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature

Date

For Official Use Only
Preceptor number:
Training Area Number:
Date Issued:
By: