



BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
5500 San Antonio Dr. NE Suite C Albuquerque, New Mexico 87109
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www.RLD.state.nm.us/pharmacy.aspx

SCHOOL BASED EMERGENCY MEDICINE CLASS D CLINIC
ANNUAL SELF-ASSESSMENT FORM

Clinic Name: Date:
Clinic Address: City: Zip:
Clinic Phone: Clinic Fax: Email:
Clinic Contact person & Phone number:
NMBOP License Number: Expiration Date:
Consultant Pharmacist Name and Phone Number:

1. POLICY AND PROCEDURE MANUAL

- a. Current, approved, NM Board of Pharmacy Policy and Procedure Manual Maintained on site: Yes No
i. Reviewed and approved by consultant pharmacist (annually): Yes No
ii. Reviewed and signed by personnel trained and authorized to administer medication(s)
b. Clinic adheres to NM Board of Pharmacy approved Policy and Procedures Manual: Yes No
c. Medications stocked are limited to epinephrine auto-injector and/ or albuterol MDI: Yes No

2. RECEIPT RECORDS

- a. Accurate receipt records are maintained (perpetual inventory form): Yes No
b. Drug source is registered with the NM Board of Pharmacy: Yes No
c. Receipt records are signed and dated by person accepting receipt of medications: Yes No
d. Receipt records are maintained on-site and available for inspection or 3 years: Yes No

3. DRUG STORAGE

- a. All medications are stored under clean, sanitary and orderly conditions: Yes No
b. Drugs and are kept in the manufacturer's original packaging until time of use: Yes No
c. Medications are kept in a secondary, secure but unlocked tamper-evident container: Yes No
d. The secondary container has a list of contents attached to outside of the container, including drug name and expiration dates: Yes No
e. Drugs are stored in a restricted, secure but unlocked area and readily assessable to authorized, trained personnel: Yes No
f. Temperature logs for the drug storage area are maintained within appropriate range: Yes No
g. Unwanted and/ or unusable drug is placed in a secure quarantine area: Yes No
h. Quarterly medication inspection reports are completed and available for inspection: Yes No

4. PACKAGING AND REPACKAGING

No packaging or repackaging, occurs at this clinic: Yes

5. DISPENSING AND DISTRIBUTING

No dispensing or distribution occurs at this clinic: Yes

6. ADMINISTRATION AND REMOVAL RECORDS

- a. Records are kept of medications removed from stock (Perpetual Inventory form): Yes No
b. Records of transfer, return to wholesaler, reverse distributor and/or destruction are available on-site and available: Yes No
for inspection by the NM Board of Pharmacy:

7. EQUIPMENT AND LICENSING

- a. A current and appropriate drug information reference, in print or online, is available: Yes No
b. A copy of the NM State Board of Pharmacy drug laws and regulations, in print or online, is available: Yes No
c. Poison control center's telephone number is available: Yes No
d. Current school based emergency medicine class D clinic license is posted: Yes No
e. Consultant pharmacist's current license is posted: Yes No
f. Current school based emergency medicine class D clinic self-assessment form is posted: Yes No

8. TRAINED AND AUTHORIZED PERSONNEL

- a. Current record of training of authorized personnel maintained: Yes No
b. Access to medications is limited to trained and authorized personnel: Yes No

9. CONSULTANT PHARMACIST (TO BE COMPLETED BY CONSULTANT PHARMACIST)

- a. Ensures a current and appropriate drug information reference is available at the clinic (in print or online): Yes No
b. Reviews and approves clinic's NM Board of Pharmacy required records, including this form: Yes No
c. Oversees the removal of dangerous drugs, and ensures proper documentation and record maintenance: Yes No
d. Ensures clinic compliance with the NM Board of Pharmacy approved Policy and Procedure Manual (and annual approval is documented): Yes No
e. Verifies compliance with all training and protocols for School Based Emergency Medicine clinics required by the NM Department of Health: Yes No
f. Verifies compliance with proper drug storage conditions: Yes No
g. Documentation of consultant pharmacist's activities and communications are maintained at the clinic and available for inspection: Yes No

I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE

Printed name and title of clinic representative Signature Date

I HAVE REVIEWED AND APPROVE THIS COMPLETED SELF-ASSESSMENT FORM

Printed name of Consultant R.Ph. Consultant R.Ph. signature Date