



BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
5500 San Antonio Drive, NE Suite C Albuquerque, New Mexico 87109
(505) 222-9830 Fax (505) 222-9845 (800) 565-9102
https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/

PHARMACIST INTERN REGISTRATION OR RENEWAL

Applications and fees must accompany each; otherwise processing time will be delayed.
Retain a copy of both the application and form of payment for future reference.
Mail early-5-10 days processing time once application is received

NEW RENEWAL FEES: \$25.00 (Payable by check or money order)

The registration fee may be waived for individuals who A) are currently serving in the United States military, & for those service member spouses, for change of duty location to New Mexico; or B) are currently serving in the United States military in an active war zone or who serve in direct support of operation in active war zones. Please provide relevant documentation if this applies. Do either of these situations apply to you? () YES () NO

Name: Last, First Middle Initial Address:

Intern Reg. No.: Phone No.: M F Email Address:

Date of Birth: Place of Birth: Social Security Number

STATEMENT OF INTERN:

I have not been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or with the federal government.*

Signature

I have not had any disciplinary actions, nor do I have any pending actions against me, or to my knowledge been investigated by any professional licensing authority.*

Signature

*Please explain any failure to sign the statements above. Explain the circumstances, include a copy of the judgment, and attach to this application.

I understand that internship training may be concurrent with time spent in a College of Pharmacy. I must comply with all Federal and State Laws and the Rules and Regulations of the New Mexico Board of Pharmacy. I am aware that I cannot legally assume the responsibilities of a pharmacist. I subscribe to the Code of Ethics and rules governing the professional conduct of a pharmacist in this state.

I hereby certify under penalties of perjury that the above statements are true and correct.

Signature: Date:

STATEMENT OF ACADEMIC ADVISOR OR DEAN: New Mexico Pharmacy Act Section 61-11-11 requires: An applicant for registration as a pharmacist intern shall have satisfactory completed all courses in the first semester of college of pharmacy curriculum, or its equivalent. Satisfactory completion requires that the student be eligible to progress in the college of pharmacy curriculum.

As Academic Advisor, I certify that the above-named individual has completed first semester of college at (Name and Address of College of Pharmacy).

(Check appropriate block)

The above-named is a year student in good standing. The above-named is enrolled in the Pharmaceutical Sciences Graduate Program and will perform intern duties in the V.A. Hospital or the U.N.M. Radio pharmacy only.

Signature: Date:

MUST BE SIGNED BY ACADEMIC ADVISOR FOR NEW AND RENEWAL

PURSUANT TO SECTION 61-11-13 OF THE NEW MEXICO PHARMACY ACT AND BOARD OF PHARMACY REGULATIONS; INTERN CERTIFICATE MUST BE RENEWED ANNUALLY ON OR BEFORE SEPTEMBER 30. ANY HOURS WORKED AFTER SEPTEMBER 30 WILL NOT BE ACCEPTED IF YOUR LICENSE IS NOT CURRENT.