BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
5500 San Antonio Dr. 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

NEW PHARMACIST APPLICATION

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

Fees: $200 Biennial (Pay by check or money order)

****The registration fee may be waived for individuals who are currently serving in the United States military, and for those service member spouses, for change of duty location to New Mexico. Please provide relevant documentation if this applies.**
Does this apply to you? ( ) YES ( ) NO

Name & Mailing Address:

_____
_____
_____

Home Phone #_____ **Email** _____

RPh Prescriptive Authority:

Immunization	**Yes**	**No**
Emergency Contraception	**Yes**	**No**
Smoking Cessation	**Yes**	**No**
Naloxone	**Yes**	**No**
Tb Testing	**Yes**	**No**
Hormonal Contraception	**Yes**	**No**

For vaccine prescriptive authority, the pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), provided by: a) the centers for disease control and prevention (CDC); or b) a similar health authority or professional body approved by the board.

Date of Birth: _____ **Social Security #:** _____ **Sex:** _____

Name of Employer: _____ **Work Phone#** _____

Work Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Are you licensed in other states? ( ) YES ( ) NO

If yes, list state(s) & license number(s) _____

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 by the federal government.
Signature_____ **Date**_____

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 _____ **Date**_____

I have completed all required continuing education (CE) during my current license period and have the CE documentation.
Signature _____ **Date**_____

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