



# 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  
[www.RLD.state.nm.us/pharmacy.aspx](http://www.RLD.state.nm.us/pharmacy.aspx)

## Non Resident Pharmacy Renewal Application

MAIL EARLY, PROCESSING TIME IS 5 TO 10 DAYS ONCE RECEIVED IN OUR OFFICE

License Number: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Name of Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Contact Person Name and Title: \_\_\_\_\_  
 Contact Person Telephone Number \_\_\_\_\_ Contact Person Email address \_\_\_\_\_

### Hours of operation:

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |

REQUIRED TOLL FREE NUMBER FOR NEW MEXICO RESIDENTS: \_\_\_\_\_ not less than six days a week and for a minimum of 40 hours a week

Fees: **\$400.00 Biennial** \$100.00 Late Fee if renewal is not postmarked by December 31, submit the late penalty.  
(Make check or money order payable to **New Mexico Board of Pharmacy**)

**Please make sure 1-7 are all answered or attached to this application before submittal, if not it will be returned.**

- Enter current registration numbers; "pending" if applying for; or "N/A" if not applicable.
  - Federal DEA Reg. No. \_\_\_\_\_
  - Resident State Controlled Substance Registration No. \_\_\_\_\_
- Attach copy of current resident state license, permit or registration to operate a pharmacy.
- Attach a list of name and titles of all principal corporate officers, and of all pharmacists who are dispensing prescription drugs to persons in New Mexico.
- Attach a copy of the most recent inspection conducted by the resident state regulatory or licensing agency.
- All applicants submit a policy & procedure manual as required by the New Mexico Board of Pharmacy Rules & Regulations. The policy and procedures manual as defined in 16.19.6.24.C (1) (e) & (D) (2) NMAC. This manual will have the following policies: **Do not send entire policy manual, only the five items listed below. All items must be labeled.**
  - Normal delivery protocols and times;
  - The procedures to be followed if the patient's medication is not available at the Nonresident Pharmacy, or if the delivery will be delayed beyond the normal delivery time;
  - The procedure to be followed upon receipt of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the Nonresident Pharmacy at the earliest possible time (i.e. courier delivery), or an alternative that assures the patient the opportunity to obtain the medication at the earliest possible time;
  - The procedure to be followed when the Nonresident Pharmacy is advised that the patient's medication has not been received within the normal delivery time and that the patient requires interim dosage until mailed prescription drugs becomes available; and
  - The procedure for ensuring proper medication storage conditions until the medication is delivered to the patient.
- Attach a list of the name and address of a resident agent in New Mexico for service of process.
- List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee: \_\_\_\_\_

I/we hereby understand the license expires December 31 of every other year, and the license is not transferable. A separate license is necessary for each pharmacy location. This application must be received or postmarked by December 31<sup>st</sup>, if not I/we will send the \$100 late fee in addition to the \$400 biennial fee.

I/we have not since the time of last renewal, 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 \_\_\_\_\_

I/we have not since the time of last renewal, had any disciplinary actions, nor are there any pending actions against me/the pharmacy, and to my knowledge I/we have not 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 (we) certify under penalty of perjury that the information given in this application is true and accurate to the best of my (our) knowledge.

Signature – Owner or Officer \_\_\_\_\_ Print Name of Officer or Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature – Pharmacist-In-Charge \_\_\_\_\_ Print name of Pharmacist-In-Charge \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_

**Original Application, Self-Assessment and fees must accompany each other; otherwise processing time will be delayed.  
Retain a copy of all information submitted and form of payment for future reference.**

**Please complete Non Resident Self-Assessment on the back of this application.**



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## Non-Resident Pharmacy Self-Assessment Form

The Pharmacist-In-Charge is responsible for completing this self-assessment form.

Please circle the correct answer. Return the completed form.

1. Has any State Licensing or Disciplinary Board or comparable body in the Armed Service, denied your application for licensure, reinstatement or renewal, or taken any action against your license, including, but not limited to reprimand, suspension, or revocation (license of Pharmacist-In-Charge and/or facility)? **Y N**  
If yes, explain and attach a copy of the relevant document(s).

2. Do you dispense controlled substances to patients in New Mexico? **Y N**  
A. If yes, do you have a current NM State Controlled Substance registration? **Y N**  
**License #: CS** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

3. Does your pharmacy compound preparations for NM residents? **Y N**  
A. If yes, do you compound **sterile** preparations? **Y\* N**  
a. Are you compliant with USP <797> requirements? **Y N**  
b. Do you compound only patient specific medications? **Y N**  
c. Are preparations only labeled for use on a specific patient? **Y N**  
d. Do you distribute or cause to be distributed non-patient specific compounded product? **Y\*\* N**

B. If yes, do you compound **non-sterile** preparations? **Y N**  
a. Are you compliant with USP <795> requirements? **Y N**  
b. Do you compound only patient specific medications? **Y N**  
c. Are preparations only labeled for use on a specific patient? **Y N**  
d. Do you distribute or cause to be distributed non-patient specific compounded product? **Y\*\* N**

4. If compounded sterile preparations (CSP) are shipped into NM, a copy of the most recent CSP operations inspection report dated within the last 12 months and demonstrating conformance with the requirements of applicable USP/NF General Chapters numbered below 1000 is required. Documentation of corrective action for deficiencies must also be submitted.

*\*If pharmacy dispenses CSP into NM, submit the non-resident sterile pharmacy application and fees*

**\*\*A pharmacy cannot distribute or cause to be distributed non-patient specific compounded product into New Mexico, other than non-sterile veterinary office use preparation, consistent with 16.19.30.9 NMAC. Compliance with NMAC 16.19.37 is required in order to distribute non-patient specific compounded sterile human drug product into NM. If you answered Y to distributing into NM non-patient specific compounded product, you must attach an explanation.**

### Attestation of truthful information provided and compliance with laws and regulations:

**Producers of sterile preparation(s):** The registrant/licensee is in compliance with USP <797> requirements, and applicable USP/NF General Chapters numbered below 1000; and only dispenses medication pursuant to a valid prescription as defined in NMSA 61-11-2(CC). The registrant/licensee is in compliance with NM Board of Pharmacy regulations, as applicable. I (we) attest under penalty of perjury that the information given on this form is true and accurate.

\_\_\_\_\_  
SIGNATURE-PHARMACIST-IN-CHARGE [16 NMAC 19.6.9(A)(8)]

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME-PHARMACIST-IN-CHARGE

\_\_\_\_\_  
PHONE NUMBER & E-MAIL

**OR**

**I (we) do not produce sterile preparation(s).** The registrant/licensee is in compliance with NM Board of Pharmacy regulations, as applicable. I (we) attest under penalty of perjury that the information given on this form is true and accurate.

\_\_\_\_\_  
SIGNATURE-PHARMACIST-IN-CHARGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME-PHARMACIST-IN-CHARGE

\_\_\_\_\_  
PHONE NUMBER & E-MAIL