New Mexico Board of Pharmacy
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
www.rld.state.nm.us/pharmacy

NEW PHARMACIST CLINICIAN APPLICATION

Fee: $70.00 Biennially

This form may be filled in using your computer. Enter information in the gray boxes and tab from box to box to move through the application. Save it to your computer and e-mail it as an attachment.

Applications and fees must accompany each application; otherwise processing time will be delayed. Retain a copy of both the application and form of payment for future reference.

Complete applications received 30 days prior to a scheduled Board meeting will be presented to the Board for consideration. The committee must review all applications and required documentation prior to a scheduled Board meeting to make a recommendation to the Board. An electronic copy of your application and protocol (if applicable) should be e-mailed to each committee member. The original application and fee must be sent to the Board office.

PHARMACIST CLINICIAN CREDENTIALING COMMITTEE

Greg D'Amour, RPh PhC	gdarphpc@msn.com	(575) 497-9032	(575) 894-4225
Cheryl Burlett, RPh PhC	cheryl.burlett@state.nm.us		
Joe Anderson, RPh PhC	janderson@salud.unm.edu		
Amy Buesing, RPh	abuesing@nmsu.edu		

APPLICANT INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
NM Pharmacist License #:	Expiration date:	Phone #
E-mail:		D.O.B.

Complete all boxes. Provide all requested documentation in the same order as listed below. Ensure all information submitted is accurate and complete.

	(a) Proof of completion of sixty (60) hour board approved physical assessment course, followed by a 150 hour, 300 patient contact preceptorship supervised by a physician or other practitioner with prescriptive authority, with hours counted only during direct patient interactions;
	(b) A log of patient encounters which includes the supervising practitioners name, practice address, title and license. Complete according to "patient contact log instructions" *http://www.rld.state.nm.us/boards/Pharmacy_Forms_and_Applications.aspx*
	(c) Specify the number of patient encounters in submitted log
	(d) Specify the number of contact hours in submitted log
	(e) Patient encounters must be initialized and completed within 2 years of the application. (Prior to initial application.)

	(f) Is prescriptive authority sought? If yes, state so and complete the next sections. If no, write "no" in the blank next to this item, and skip to the next applicable section.

If prescriptive authority is sought:

1. The applicant's supervising physician must be approved as a pharmacist clinician (PhC) supervisor by submitting an application with her/his licensing board, prior to the PhC exercising prescriptive authority. Alternate supervising physicians must also be approved by their respective board. Rules regarding physicians supervising PhC include: 16.10.11 NMAC (medical board), and 16.17.9 NMAC (osteopathic board).
2. The board may, in its discretion after investigation and evaluation, place limitations on the tasks a PhC may perform under the authority and direction of a supervising physician and/or alternate supervising physician(s).

	(g) Is controlled substance prescriptive authority sought? If no, ensure that the protocol does not include any controlled substances; and include a statement in the protocol that the PhC will not prescribe or order controlled substances.
	(h) Applicants wishing to prescribe Controlled Substances must submit a New Mexico Board of Pharmacy Practitioner's Controlled Substance Registration Application; and apply for DEA registration www.deadiversion.usdoj.gov
	(i) If controlled substance registration in schedule II or schedule III is sought, submit documentation of training in responsible opioid prescribing practices. Educational programs shall include an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction, and diversion, and awareness of the state and federal regulations of the prescribing of controlled substances.
	(j) provide documentation supporting competence in proposed collaborative practice protocol (training, education, patient care experience)
	(k) Provide a statement of competence by supervising physician

3. **Submit collaborative practice protocol:**

	(l) agreed to and signed by the PhC and the supervising physician;
	(m) name, practice address, and phone number of PhC;
	(n) name, practice address, and phone number of the supervising physician;
	(o) copy of supervising physician's current medical license;
	(p) list of alternate supervising physician(s);
	(q) Description of the scope of practice of the PhC. "Scope of practice" means duties and limitations of duties placed upon a PhC by their supervising physician and/or the alternate supervising physician(s) and the board; includes the limitations implied by the field of practice of the supervising physician and/or the alternate supervising physician(s) and the board;
	(r) statement of the types of prescriptive authority decisions the PhC is authorized to make, including, but not limited to: (**PROTOCOL REQUIREMENTS CONTINUED ON NEXT PAGE**)

	(i) types of diseases, dangerous drugs or dangerous drug categories involved and the type of prescriptive authority authorized in each case; for each disease state provide current evidence-based references (e.g. current guidelines), and specify the medications approved to treat those disease states;
	(ii) ordering and evaluating the results of lab tests and other tests appropriate for monitoring of drug therapy;
	(iii) procedures, decision criteria or plan the PhC is to follow when exercising prescriptive authority;
	(s) activities to be followed by the PhC while exercising prescriptive authority, including documentation of feedback to the authorizing physician concerning specific decisions made; documentation may be made on the prescriptive record, patient profile, patient medical chart or in a separate log book;
	(t) description of appropriate mechanisms for consulting with the supervising physician, including a quality assurance program for review of medical services provided by the PhC, (this quality assurance program will be available for board review);
	(u) a statement that describes provisions for immediate communication or consultation between the PhC and the supervising physician or alternate supervising physician;
	(v) the PhC must have prompt access to consultation with the physician (by telephone or other electronic means) for advice and direction;
	(w) a PhC exercising prescriptive authority in the prescribing of a controlled substance shall utilize the prescription monitoring program in accordance with 16.19.4.17 (F) NMAC;
	(x) Upon any change in supervising physician between registration renewals, a PhC shall submit to the board, within ten (10) working days, the new supervising physician's name, current medical license, and protocol; notification to and completion of requirements for the supervising physicians' board shall be completed per that boards requirements. This notice requirement does not apply to an alternate supervising physician who is designated to cover during the absence of the supervising physician;
	(y) If the supervising physician plans to be or is absent from his or her practice for any reason, the supervising physician cannot designate a PhC to take over those duties or cover the practice during such absence. The supervising physician may designate an alternate supervising physician, approved by the physician's board, to cover the practice and perform the duties of supervising physician. The alternate supervising physician will then supervise the PhC and will be responsible for the PhC's actions or omissions in exercising prescriptive authority or other duties as a PhC;
	(z) list of current evidence-based references

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_____

I have not had any disciplinary actions, nor has any professional licensing authority investigated any

pending actions against me, or to my knowledge.*

Signature_____

*If the above statements are not true, explain the circumstances, include a copy of the judgment, and attach to this application.

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

Print Name _____

Signature _____ Date_____

Retain a copy of the application and form of payment for future reference.