

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5500 San Antonio Drive 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>



FACILITY CONTROLLED SUBSTANCE APPLICATION

Mail early processing time is 5 to 10 business days once we receive your application.

Name & Mailing Address
mailing)

Location Address: (If different than

Telephone Number: _____

Fax Number: _____

Schedule of Drugs (v all needed): 2 2N 3 3N 4 5

Check type of facility:

- Pharmacy Hospital Clinic Wholesale Distributor Researcher
 Teaching Institute Analytical Lab Repacker Manufacturer/Repacker

NM Board of Pharmacy License Number (If already have): _____

DEA # (If already have) _____ Expiration date _____

I/we have not since the time of our initial licensure or 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 our initial licensure or last renewal, had any disciplinary actions, or has any professional licensing authority investigated any pending actions against us/me, or to my knowledge.*

Signature _____

***Please explain any affirmative answer to questions above. 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.

Signature _____ Date _____

Print Name and Title _____

Application and fees must accompany each other; otherwise application process will be delayed.

FEE SCHEDULE FOR NEW REGISTRANTS ONLY

The chart shows when your controlled substance number will expire. New Mexico charges \$5.00 per month for this registration since the first year is prorated. The first letter of your business name determines the month in which your license number will expire; please submit only the amount of money required from the current month through the month that appears below next to the first letter of your business name.*If the amount is \$15 or less please also include an additional \$60 to cover the prorated year and the full year.

January - M	April - Q, R	July - B	October - H, N
February - S	May - U, V, W, X, Y, Z	August - C, E	November - I, T
March - L, P	June - A, D	September - F, G	December - J, K, O

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Mail check or money order payable to New Mexico Board of pharmacy to the address above

RETAIN A COPY OF BOTH THE APPLICATION AND FORM OF PAYMENT FOR FUTURE REFERENCE.

KEEP FOR YOUR FUTURE REFERENCE-DO NOT MAIL BACK TO US

IMPORTANT INFORMATION REGARDING YOUR FACILITY CONTROLLED SUBSTANCE REGISTRATION AND DISPENSING CONTROLLED SUBSTANCES

1. The New Mexico Prescription Monitoring Program (PMP).

All dispensers providing controlled substances in the state of New Mexico must submit the information in accordance with current transmission methods and frequency established by the New Mexico State Board of Pharmacy.

Please visit <http://nmpmp.org> for information on registering and reporting to the PMP.

If you have a NM Pharmacy license and a NM Controlled Substance Registration, but do not dispense any Controlled Substances to any New Mexico residents, then you may be eligible for [this waiver](#)

For questions about registration or utilization of the PMP. Information is available on the website.