



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 • (800) 565-9102 Toll Free

<http://www.rld.state.nm.us/boards/Pharmacy.aspx>

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

IMPORTANT INFORMATION REGARDING YOUR CONTROLLED SUBSTANCE REGISTRATION AND PRESCRIBING CONTROLLED SUBSTANCES

The Board of Pharmacy made changes to the Prescription Monitoring Program and the Controlled Substances rules. These were published in the New Mexico Register on August 15, 2012, and are now in effect. **(Veterinarians are exempt as of October 2014)**

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

- a. If you currently have an active account (***An active account is defined as one accessed at least once within a 13 month period***) with the PMP you need do nothing else.
- b. If you do not have an account with the PMP, you must register as detailed at <http://nmpmp.org/>. **(You must have a Controlled Substance & Federal DEA License prior to registering).**
- c. Controlled Substance registration **renewals** will not be issued until the practitioner's PMP registration is verified.
- d. If you issue controlled substance prescriptions to your patients or administer controlled substances in your practice setting, no reporting to the PMP is required.
- e. If you dispense controlled substances directly to your patients (in quantities greater than twelve (12) dosage units or seventy-two (72) hours' worth), those dispensing must be reported electronically to the PMP. Please visit <http://nmpmp.org> for information on reporting to the PMP.

For questions about registration or utilization of the PMP, contact information is available on the PMP website (<http://nmpmp.org>).

2. Controlled Substances Rule changes

- a. A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten day supply, based on the directions for use, and cannot be refilled.
 - i. Pharmacists will not be allowed to dispense more than a ten-day supply of any new prescription for an opiate drug telephoned into the pharmacy.
 - ii. This restriction does not apply to faxed prescriptions, written prescriptions, or electronically transmitted prescriptions complying with DEA rules.
 - iii. This does not apply to telephone authorization for refill of a previously dispensed written, faxed or e-prescribed prescription.
- b. Pharmacists cannot refill a schedule III, IV or V prescription before 75% of the drug is used, based on the directions for use, without authorization of the prescriber.



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Practitioner's Controlled Substance Registration Application

- INSTRUCTIONS:** (1.) Application - NO photocopies and must be filled out in its entirety for acceptance
 (2.) Fee – Look for fee schedule at the bottom of this form and should NEVER be more than \$75
 (3.) Copy of NM professional license – MUST be mailed with application to avoid delays
 Please DON'T staple or tape the documents and make sure you are mailing the ORIGINAL application.
 Processing time is 5 to 10 business days once it is received in our office.

Applicant name (Please **print**): _____

Date of Birth: _____ Social Security Number: _____ Gender: M F

Home Address: (required for registration)	Mailing address:	Work Name & Address:
City, State & Zip:	City, State & Zip:	City, State & Zip:
Home Telephone #:	Cellphone #:	Work Telephone #:
Email address:		

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

New Mexico Professional Board (✓ mark the correct board): Temporary professional licenses will NOT be accepted!!!

Dental Medical Nursing Optometry Podiatry Midwifery Chiropractic Veterinary Other: _____

New Mexico Professional License # _____ Current Expiration Date _____

******A copy of this professional license MUST be mailed with this application for issuance of controlled substance license, no exceptions******

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 any disciplinary actions, or 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 hereby certify that the information given in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

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 last 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 last name. *If the amount is \$15 or less please also include an additional \$60 to cover the prorated year and the full year.

***Mail check or money order payable to New Mexico Board of Pharmacy to the address above.**

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