



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy

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/boards/pharmacy.aspx

Boarding and Residential Care Home Application

Name and Mailing Address: _____

Physical Location Address: (If different then mailing) _____

Telephone Number: _____ Fax Number: _____ E-Mail: _____

Contact Person Name and Title: _____ Telephone Number: _____

Fees: All fees are Biennial. Make check or money order payable New Mexico Board of Pharmacy.

1 to 10 residents = \$100

11 or More residents = \$200

PLEASE MAKE SURE THAT #1-8 ARE ALL ANSWERED AND/OR INCLUDED WITH APPLICATION BEFORE SUBMITTAL

1. Policy & Procedure Manual must be submitted with all new application.

NOTE: New applications received in the Board office less than 14 days prior to the next scheduled Board meeting will not be processed at that board meeting and will have to wait till the next one.

2. Circle letter beside appropriate category. (If b, c or d please attach list on a separate piece of paper)

- a) If an individual is owner, give name, date of birth, address and phone number;
- b) If a partnership is owner, give name, date of birth, address and phone numbers of all partners, (**attach list**);
- c) If corporation/ municipality, list name, date of birth, address, phone number and title of all officers, (**attach list**);
- d) If county, city, state or church is owner, give name, date of birth, address, phone number and title of all officers, (**attach list**);

3. Consultant Pharmacist Name: _____ **License #:** _____

4. Name of Facility where employed: _____

5. Administrator Name: _____

6. NM DOH Operator Permit No(if applicable): _____ **Type:** _____ **Bed Capacity:** _____ **# of Residents:** _____

7. Are drug rooms or drug cabinets securely locked when not in immediate use by authorized personnel? ()Yes () No

8. Adequate security & refrigeration for drugs needing refrigeration apart from food? ()Yes ()No

I/we hereby prepare an application for a boarding and residential care home facility drug permit in accordance with the New Mexico Pharmacy Act; New Mexico Drug and Cosmetic Act; New Mexico Controlled Substance Act; and Board of Pharmacy Rules & Regulations.

I/we understand that license expires December 31 of every other year and that license is not transferable. A separate license is necessary for each home.

*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, or to my knowledge.**

Signature _____

***Please explain failure to sign the statements above. Explain circumstances, include 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 Owner or Officer

Date

Signature – Consultant Pharmacist

Date

Printed name of Consultant Pharmacist

License Number

Name of Pharmacy where employed

Telephone Number

Please make sure that everything is filled out and signed before returning to us.