



**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  
www.rld.state.nm.us/pharmacy

**LAW ENFORCEMENT DRUG TAKE-BACK PROGRAM**

**Protocol**

Please fill in the blanks, answer any questions, circle appropriate answers, and list appropriate personnel. Weights of pharmaceutical must be recorded after an event.

**Submit a copy of this completed Protocol with the applications “A” and “B” shown below.**

- I. Licenses you must obtain from the Board of Pharmacy
  - A. NM Board of Pharmacy drug research license (fee waived 1-13-09) (Attachment **A.**) This license is required for collecting any prescription drug that is not a controlled substance.
  - B. NM Board of Pharmacy controlled substance research license (fee waived 1-13-09) (Attachment **B.**) This license is required for collecting any controlled substance.  
Other Licenses or permits:
    - C. Disposal license(s) (if required for destruction by state and/or municipality)
    - D. Contract with EPA & DEA licensed drug processor (if used for destruction)
    - E. Permission or authorization from the DEA for law enforcement agency to collect and destroy controlled substances that are not contraband.
- II. Required personnel: Minimum of one pharmacist. Pharmacist interns may volunteer with a pharmacist present.
  - A. Pharmacist(s) – (identify and separate drug types)
    - i. Name and license number of pharmacist: \_\_\_\_\_
    - ii. Name and license number of pharmacist: \_\_\_\_\_
  - B. Law enforcement agency and officers - security
    - i. Name and badge number: \_\_\_\_\_
    - ii. Name and badge number: \_\_\_\_\_
- III. Event date(s)
  - A. First event: \_\_\_\_\_
  - B. Future events: \_\_\_\_\_
    - i. Notify NM Board of Pharmacy 30 days prior to event(s)
- IV. Facility/location
  - A. \_\_\_\_\_ event
    - i. Building
    - ii. Parking lot
    - iii. Other
  - B. \_\_\_\_\_ storage location
    - i. Transfer from event to storage location
      1. who transfers? \_\_\_\_\_
      2. who provides security? \_\_\_\_\_
    - ii. Length of time in storage \_\_\_\_\_
    - iii. Security
  - iv. law enforcement \_\_\_\_\_ Storage conditions
    1. secure room, warehouse, etc \_\_\_\_\_



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v. Who has access

1. \_\_\_\_\_
2. \_\_\_\_\_

V. Drugs accepted

- |                         |        |
|-------------------------|--------|
| A. OTC                  | yes/no |
| B. Prescription         | yes/no |
| C. Controlled Substance | yes/no |
| D. Chemo                | yes/no |
| E. Liquid               | yes/no |
| F. Injectable           | yes/no |

VI. Drug processing (Appropriate universal safety precautions when handling pharmaceuticals)

i. Collection process

1. Pharmacist/pharmacist intern inspect/return to citizen any pharmaceuticals not being collected. For example most events will not be collecting chemotherapeutic pharmaceuticals, inhalers, or injectable pharmaceuticals. Patient identifiers on pharmacy labels must be removed or rendered unreadable.
2. Solid dosage forms removed from delivery container and placed in collection barrel.
3. dump liquids into containers
  - a. jugs
  - b. barrels
3. Needles collected in sharps container

B. Documentation of drugs

- i. Record weight of pharmaceuticals collected and record here:
- ii. Solid dosage forms Weight: \_\_\_\_\_
- iii. Liquid dosage forms Weight: \_\_\_\_\_

C. Patient identifiers removal procedure

- i. Mark out info on Rx label yes/no
- ii. Remove and destroy label yes/no
- iii. Remove drug from container and destroy container yes/no

VII. Drug disposal (Check all that apply)

A. EPA approved disposal

- i. EPA certified and licensed (DEA for c.s.) processor \_\_\_\_\_
- ii. State certified incinerator \_\_\_\_\_
- iii. Authorized landfill \_\_\_\_\_

VIII. Public notification of event/public education

A. Newspaper, radio, TV: \_\_\_\_\_

B. Importance of proper drug disposal

- i. Pamphlets \_\_\_\_\_
- ii. Brochures \_\_\_\_\_
- iii. Signs \_\_\_\_\_
- iv. Other \_\_\_\_\_



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C. Quantity of drug not flushed or sent to landfill

i. Pills/pounds of drug properly disposed

1. Solid dosage forms weight: \_\_\_\_\_
2. Liquid dosage forms weight: \_\_\_\_\_
3. Total (Solid plus liquid): \_\_\_\_\_

Law Enforcement Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Program Manager or Contact Person: \_\_\_\_\_

Telephone Number of Program Manager: \_\_\_\_\_



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**DRUG RESEARCH REGISTRATION APPLICATION**  
**LAW ENFORCEMENT DRUG TAKE BACK PROGRAM**

**SUBMIT A LAW ENFORCEMENT DRUG TAKE BACK PROTOCOL WITH ALL APPLICATIONS**

**Law Enforcement Agency name and  
and mailing address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Law Enforcement Agency physical address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Web Address** \_\_\_\_\_

**Registration Class:**     Law Enforcement (Public) Agency;

**I hereby certify that the information given in this application and the attached protocol are true and correct to the best of my knowledge and I understand that this license is only for the collection of pharmaceuticals by certified law enforcement officers for the specific purpose of their destruction.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name and Title** \_\_\_\_\_

**A**



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**LIMITED CONTROLLED SUBSTANCE REGISTRATION APPLICATION**  
**Law Enforcement Drug Take Back Program**

**SUBMIT A DRUG PROTOCOL WITH ALL APPLICATIONS**

Department/Agency Name/Mailing Address:

Physical Location Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Web Address \_\_\_\_\_

\*[ ] NEW

**FOR ALL SCHEDULES OF DRUGS: 1 2 2N 3 3N 4 5**

Registration Class: ( ) Researcher (Law Enforcement)

I hereby certify that the information given in this application and attached protocol is true and correct to the best of my knowledge and I understand that this license is only for the collection of pharmaceuticals by certified law enforcement officers for the specific purpose of their destruction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Controlled Substance Research Applicants must submit a current Law Enforcement Drug Take Back Protocol.

**B**