



BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
5500 San Antonio Dr. 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

TEMPORARY NEW PHARMACIST APPLICATION DURING A DECLARED DISASTER

APPLICANT MUST PROVIDE COPY OF DRIVER'S LICENSE, PASSPORT OR OTHER GOVERNMENT-ISSUED PHOTO IDENTIFICATION

Applicant retain a copy of the application for future reference.
Note: Temporary Pharmacist License may only be issued during the four months following the declared disaster and shall only be valid for six months.

Pursuant to 16.19.31.9 NMAC,

Name & Mailing Address:

Three horizontal lines for name and mailing address.

Personal Phone # Email

List all states & license numbers where you are currently licensed as a pharmacist (*note: licenses held by the applicant in any other state may not be suspended, revoked, canceled, surrendered, or otherwise restricted for any reason):

RPh Prescriptive Authority (requirements per 16.19.26 NMAC):

Table with 6 columns: Emergency Contraception, Smoking Cessation, Hormonal Contraception, Yes, No, Immunization, TB Testing, Naloxone, Yes, No.

Date of Birth: Social Security #: Gender:

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 Date

I have not had any disciplinary actions, nor do I have any pending actions against me, or to my knowledge been investigated by any professional licensing authority.

Signature Date

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

State of County of

Subscribed and sworn to before me this day of, 20.

(Notary Public)

(My Commission Expires)