



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>

EMERGENCY TEMPORARY NEW PHARMACIST APPLICATION

Applicant retain a copy of the application for future reference.

Note: Temporary Pharmacist License shall be valid for a period of time determined by the Executive Director of the New Mexico Board of Pharmacy not to exceed six months

Pursuant to 16.19.31.8 NMAC,

Name & 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):

Sponsoring Pharmacy Information: (Emergency temporary license only allows pharmacist to work in sponsoring pharmacy)

Name: _____

Address: _____

Sponsoring Pharmacy License #: _____

Sponsoring Pharmacist-in-Charge Name and License #: _____

RPh Prescriptive Authority (requirements per 16.19.26 NMAC):

Emergency Contraception	Yes	No	Immunization	Yes	No
Smoking Cessation	Yes	No	TB Testing	Yes	No
Hormonal Contraception	Yes	No	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 _____