



New Mexico Regulation and Licensing Department  
Board of Pharmacy

5500 San Antonio Drive 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>

FACILITY CONTROLLED SUBSTANCE APPLICATION

Mail early processing time is 5 to 10 business days once we receive your application.

Name & Mailing Address

Location Address: (If different than mailing)

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Check type of facility:

- Pharmacy  Hospital  Clinic  Wholesale Distributor  Researcher  Analytical Lab  
 Teaching Institute  Repacker  Manufacturer/Repacker  Outsourcing Facility  
 Other (specify) \_\_\_\_\_

NM Board of Pharmacy License Number (If already have): \_\_\_\_\_

DEA # (If already have) \_\_\_\_\_ Expiration date \_\_\_\_\_

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, nor has any professional licensing authority investigated any pending actions against us/me, to my knowledge.\*

Signature \_\_\_\_\_

**\*Please explain any affirmative answer to questions 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 \_\_\_\_\_

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

Application and fees must accompany each other; otherwise application process will be delayed.

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

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

Mail check or money order payable to New Mexico Board of pharmacy to the address above

RETAIN A COPY OF BOTH THE APPLICATION AND FORM OF PAYMENT FOR FUTURE REFERENCE.



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

#### **IMPORTANT INFORMATION REGARDING YOUR FACILITY CONTROLLED SUBSTANCE REGISTRATION AND DISPENSING CONTROLLED SUBSTANCES**

##### **The New Mexico Prescription Monitoring Program (PMP).**

All dispensers providing controlled substances in the state of New Mexico must submit the information in accordance with current transmission methods and frequency established by the New Mexico State Board of Pharmacy.

Please visit <http://nmpmp.org> for information on registering and reporting to the PMP.