



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
http://www.rld.state.nm.us/boards/pharmacy.aspx

Hospital Pharmacy Application

Fees: \$300.00 (Please make check or money order out to New Mexico Board of Pharmacy)

Check a box: [ ] New Application [ ] Change of ownership (Old license Number: PH \_\_\_\_\_)

Name and Mailing Address:

Physical Location Address: (If different then mailing)

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

PLEASE MAKE SURE THAT #1-6 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, address and phone number;
b) If a partnership is owner, give name, address and phone numbers of all partners, (attach list);
c) If a corporation or municipality, list name, address, phone number and title of all officers, (attach list);
d) If county, city, state or church is owner, give name, address, phone number and title of all officers, (attach list);

3. Pharmacist in charge Name: \_\_\_\_\_ License #: \_\_\_\_\_

4. Names of all registered pharmacists and supportive personnel & Position Title, including owner if registered. (Attach list)

5. Administrator Name: \_\_\_\_\_

6. NM DOH Operator License # \_\_\_\_\_ Type: \_\_\_\_\_ Bed Capacity: \_\_\_\_\_ # of Residents: \_\_\_\_\_

I/we hereby prepare an application for a hospital "Drug and/or Permit" to dispense drugs and medicine 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 and present the following statements in support of privilege to be granted registration and license and represent that if such license is granted, such place will be conducted in full compliance with existing Pharmacy Laws, and rules and regulations of the Board of Pharmacy

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 location doing business.

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 any failure to sign the statements above. Explain the circumstances, include a 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 - Pharmacist in Charge

Date

Printed name of Pharmacist in Charge

License Number

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