



**BOARD OF PHARMACY**

New Mexico Regulation and Licensing Department  
**BOARDS AND COMMISSIONS DIVISION**  
5500 San Antonio Dr. NE ▪ Suite C ▪ Albuquerque, New Mexico 87109  
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102  
[www.RLD.state.nm.us/pharmacy.aspx](http://www.RLD.state.nm.us/pharmacy.aspx)

***Limited Dangerous Drug Research Application***

**Submit a research protocol with ALL NEW applications. (see page 2)**

**FEE: \$200 BI-ENNALLY**

(Make Check or Money order payable to New Mexico Board of Pharmacy)

**Processing time is 5 to 10 business days once received in our office**

Facility Name and Mailing Address:

Facility Name and Location Address:

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

Email: \_\_\_\_\_

Web address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Registration Class:**

Public Agency

Higher Education Institute

Private Organization

Individual

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 \_\_\_\_\_

I have not any disciplinary actions, or have any pending actions against me, or to my knowledge been investigated by any professional licensing authority.\*\*

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 hereby certify that the information given in this application is true and correct to the best of my knowledge

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Printed name and title  
\_\_\_\_\_

\_\_\_\_\_ Profession and Professional License Authority

\_\_\_\_\_ Professional License Number and Expiration date

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



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**Initial Drug Research Applicants must submit the following:**

### Research Protocol

- 1. Persons Handling Dangerous Drug(s)**
  - a. Name, address, date of birth, and any felony convictions.**
- 2. Drug Protocol**
  - a. Formulary of dangerous drug(s);**
  - b. Dangerous drug utilization;**
  - c. Dangerous drug quantity utilized per dose or procedure;**
  - d. Estimated dangerous drug quantity procured annually.**
- 3. Policy and Procedure Manual**
  - a. Drug security**
    - 1. Storage area;**
    - 2. Individuals with dangerous drug access.**
  - b. Drug procurement**
    - 1. Dangerous drug source;**
    - 2. Invoices or other receipt records.**
  - c. Drug usage**
    - 1. Records or logs for accountability.**
  - d. Drug waste or destruction**
    - 1. Memorandum report describing accountability.**
  - e. Drug storage area**
  - f. Research protocol**
    - 1. The written documentation stating the objective, method, means of measurement, and utilization procedure of the dangerous drug. (16.19.17.8);**
    - 2. Proprietary or trade secrets are confidential and not subject to public disclosure.**
- 4. Applicant Qualification**
  - a. Degrees;**
  - b. Higher education;**
  - c. Specialized training.**