



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) 222-984 (800) 565-9102
www.RLD.state.nm.us/pharmacy.aspx

Narcotic Treatment Program Facility Controlled Substance
Registration Application

Facility Name & Mailing Address

Facility Name & Street Address

Three horizontal lines for Facility Name & Mailing Address

Three horizontal lines for Facility Name & Street Address

Fax No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

- ( ) New- Fee schedule is for NEW REGISTRANTS only. New Registrants see end of application
( ) Renewal - FEE: \$60.00 (Pay by check or money order)

NMCS No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal DEA No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

NM Board of Pharmacy License No.: \_\_\_\_\_ Expiration .Date: \_\_\_\_\_

I/We 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/We 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 \_\_\_\_\_

Print name and title of person signing form: \_\_\_\_\_

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

\*Mail check or money order payable to New Mexico Board of Pharmacy to the address above.

Table with 4 columns: 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