



## New Mexico Board of Pharmacy

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Instate Toll Free: 1-800-565-9102

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

### PHARMACIST AFFIDAVIT

**If granted registration by the New Mexico State Board of Pharmacy, I make the following agreement, either as an employee, manager, owner of the pharmacy or other:**

- **To abide by the laws, both Federal and State, governing the practice of pharmacy in this state, as well as the rules and regulations of the New Mexico State Board of Pharmacy.**
- **To conduct myself in a creditable manner.**
- **To abstain from the excessive use of alcoholic beverages.**
- **To avoid the use of habit forming drugs for other than medical purposes.**
- **Recognizing that the duties of a pharmacist are a serious undertaking, I shall perform my duties in the best interests of public health and welfare.**
- **I shall keep, or insist, that the prescription department be kept in a clean and orderly manner at all times.**
- **I shall insist that the professional and technical equipment, as required by the Board of Pharmacy, be provided.**

**I have signed the agreement with the undertaking that violations will constitute sufficient grounds for revocation of my license to practice pharmacy in the State Of New Mexico.**

PLEASE PRINT

WITNESS:

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Signature \_\_\_\_\_