



# New Mexico Regulation and Licensing Department

## Board of Pharmacy

5500 San Antonio Drive NE, Suite C, Albuquerque, New Mexico 87109

(505) 222-9830 • (800) 565-9102 Toll Free

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

### **Practitioner's Controlled Substance Temporary Emergency Registration by Endorsement Application**

#### **16.19.31.10 DISASTER: PROVISIONS FOR PRACTITIONER CONTROLLED SUBSTANCES REGISTRATION DURING A DECLARED**

**A.** Emergency provisions for registration by endorsement. Practitioners currently possessing a temporary license issued by a New Mexico regulatory agency and possessing a current drug enforcement administration controlled substance registration in a state in which a federal disaster has been declared may be registered by endorsement in New Mexico during the four months following the declared disaster at no cost with the following requirements:

- (1) receipt of a completed application which has been signed and accompanied by proof of identity, which may include a copy of a drivers license, passport or other photo identification issued by a governmental entity;
  - (2) other required verification will be obtained online if possible by board staff to include: current licensure status, national practitioners data banks; and
  - (3) nothing in this provision shall constitute a waiver of the requirements for licensure contained in 16.19.20 NMAC.
- B.** Registration expiration. Practitioners registrations issued under 16.19.20 NMAC shall expire six months after issue date.

### **KEEP THIS PAGE OF APPLICATION FOR YOUR FUTURE REFERENCE- DO NOT MAIL BACK TO US**

#### **IMPORTANT INFORMATION REGARDING YOUR CONTROLLED SUBSTANCE REGISTRATION AND PRESCRIBING CONTROLLED SUBSTANCES**

The Board of Pharmacy made changes to the Prescription Monitoring Program and the Controlled Substances rules. These were published in the New Mexico Register on August 15, 2012, and are now in effect. **(Veterinarians are exempt as of October 2014)**

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

- a. If you do not have an account with the PMP, you must register as detailed at <http://nmpmp.org/>. **(You must have a Controlled Substance & Federal DEA License prior to registering).**
- b. If you issue controlled substance prescriptions to your patients or administer controlled substances in your practice setting, no reporting to the PMP is required.
- c. If you dispense controlled substances directly to your patients (in quantities greater than twelve (12) dosage units or seventy-two (72) hours' worth), those dispensing must be reported electronically to the PMP. Please visit <http://nmpmp.org> for information on reporting to the PMP.

For questions about registration or utilization of the PMP, contact information is available on the PMP website (<http://nmpmp.org>).

#### **2. Controlled Substances Rule changes**

- a. A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten day supply, based on the directions for use, and cannot be refilled.
  - i. Pharmacists will not be allowed to dispense more than a ten-day supply of any new prescription for an opiate drug telephoned into the pharmacy.
  - ii. This restriction does not apply to faxed prescriptions, written prescriptions, or electronically transmitted prescriptions complying with DEA rules.
  - iii. This does not apply to telephone authorization for refill of a previously dispensed written, faxed or e-prescribed prescription.
- b. Pharmacists cannot refill a schedule III, IV or V prescription before 75% of the drug is used, based on the directions for use, without authorization of the prescriber.



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Temporary Emergency Registration by Endorsement Application**

**INSTRUCTIONS:** (1.) Application - NO photocopies and must be filled out in its entirety for acceptance  
(2.) **Include Proof of Identity – copy of driver's license, passport or other government issued photo ID**  
(3.) Copy of temporary NM professional license – MUST be mailed with application to avoid delays  
Please DON'T staple or tape the documents and make sure you are mailing the ORIGINAL application.

Applicant name (Please **print**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  M  F

Home Address: (required for registration)	Mailing address:	Work Name & Address:
City, State & Zip:	City, State & Zip:	City, State & Zip:
Home Telephone #:	Cellphone #:	Work Telephone #:
Email address:		

Origin State where practitioner is currently licensed: \_\_\_\_\_

Current DEA Registration #: \_\_\_\_\_

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

New Mexico Professional Board (√ mark the correct board):

Dental  Medical  Nursing  Optometry  Podiatry  Midwifery  Chiropractic  Veterinary Other: \_\_\_\_\_

New Mexico Professional License # \_\_\_\_\_ Current Expiration Date \_\_\_\_\_

**\*\*\*A copy of this professional license MUST be mailed with this application for issuance of controlled substance license, no exceptions\*\*\***

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 had 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 \_\_\_\_\_

**Note: this Temporary New Mexico Controlled Substance License expires 6 months from the date issued.**