



New Mexico Regulation and Licensing Department
Board of Pharmacy

5500 San Antonio Drive NE, Suite C • Albuquerque, New Mexico 87109
(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102

https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/

REPORT CHANGE of ADDRESS/EMPLOYMENT FOR INDIVIDUALS

New Mexico Board of Pharmacy (NMBOP) requires changes in home address or employment to be reported in written form within 10 days. A Pharmacist-In-Charge (PIC) change must be reported immediately to the NMBOP. PIC changes must then be reported in writing to the NMBOP within 10 days. Please do not report PIC changes on this form. Instead, submit a letter with PIC changes and include all license numbers associated with the change. Facility changes must also be submitted in letter format with all associated license numbers. For facility address changes please contact the NMBOP office for more information.

If there is a name change, a legal document indicating the change must be submitted. If a duplicate license is requested after the name change, a \$10.00 fee will be charged. For all replacement/duplicate licenses, a \$10.00 fee will be charged.

Change of home or employer address can also be updated on-line: https://mylicense.rld.state.nm.us/Login.aspx

- 1. Use Internet Explorer 11 or greater (other browsers are not compatible with the licensing database).
2. Your registration code never changes. The registration code is provided on board-issued renewal applications.
3. If you have issues logging in to renew, register again to change your username and password.

This form or other changes can be sent to our office via: FAX (505) 222-9845

E-Mail: pharmacy.board@state.nm.us

MAIL: NMBOP, 5500 San Antonio Drive NE, Suite C, Albuquerque, NM 87109

DATE LICENSE # D.O.B.

PREVIOUS INFORMATION:

NAME PH#

ADDRESS

CITY STATE ZIP

PREVIOUS EMPLOYER PH# ()

PREVIOUS EMPLOYER ADDRESS

CITY STATE ZIP

CURRENT INFORMATION:

NAME PH#

ADDRESS

CITY STATE ZIP

E-MAIL

CURRENT EMPLOYER LICENSE #PH0000 (for R.Ph., Intern, or PT only)

EMPLOYER'S ADDRESS PHONE ()

CITY STATE ZIP

E-MAIL

USE BACK OF FORM FOR OTHER INFORMATION YOU WOULD LIKE TO PROVIDE