



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/>

PRACTITIONER'S CONTROLLED SUBSTANCE REGISTRATION RENEWAL APPLICATION

IMPORTANT INFORMATION REGARDING YOUR CONTROLLED SUBSTANCE REGISTRATION (CSR) RENEWAL, PRESCRIBING CONTROLLED SUBSTANCES, AND ONLINE RENEWAL:

1. The New Mexico Prescription Monitoring Program (PMP):

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- a. You must have an active PMP account in order to renew your CSR, **unless you are a veterinarian**.
 - b. If you do not have an account with the PMP, visit <https://www.nmpmp.org/account-and-registration/register-as-a-new-user/> for detailed registration steps. You must have a CSR prior to registering for a PMP account.
 - c. CSR **renewals will not** be issued until the practitioner's PMP registration is verified.
 - d. If you dispense controlled substances directly to your patients (in quantities greater than twelve (12) dosage units or seventy-two (72) hours' worth), that 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. Electronic Prescribing of Controlled Substances (EPCS)

Effective April 1, 2021, pursuant to [16.19.20.42 NMAC](#), all controlled substance prescriptions in New Mexico must be electronically prescribed, unless an exception applies:

- (a) for patients residing in an intermediate care, skilled nursing or correctional facility;
- (b) for patients enrolled in hospice;
- (c) for an animal by a licensed veterinarian;
- (d) a prescription dispensed by a federal facility not subject to state regulation (e.g. department of veteran affairs, indian health services, military bases);
- (e) a prescription requiring information that makes electronic transmission impractical, such as complicated or lengthy directions for use or attachments; or new medications not yet in electronic system;
- (f) for compounded prescriptions;
- (g) for prescriptions issued during a temporary technical or electronic failure at the practitioner's or pharmacy's location;
- (h) for prescriptions issued in an emergency pursuant to federal law and rules of the board;
- (i) for prescriptions issued in response to a public health emergency where a non-patient specific prescription would be permitted;
- (j) under extenuating circumstance, not inconsistent with federal law and where the practitioner communicates directly with the pharmacist. The pharmacist, using professional judgment, may accept the non-EPCS and is responsible for ensuring documentation of the circumstance in the prescription record; and that the prescription is otherwise in compliance with state and federal law and rules.

Additional information about the [EPCS requirement](#) is available on the Board's website ("FAQs" tab, General Information section, "Electronic Prescribing of Controlled Substances" link). For questions not addressed in the document, please e-mail pmp.info@state.nm.us

3. New telephone prescription for an opioid (e.g. when an exception applies as in [16.19.20.42 NMAC](#), above):

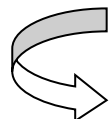
A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten-day supply, based on the directions for use, and cannot be refilled.

- a. Pharmacists cannot dispense more than a ten-day supply of any new prescription for an opiate drug telephoned into the pharmacy.
- b. This restriction does not apply to faxed prescriptions, written prescriptions, or electronically transmitted prescriptions complying with DEA rules.
- c. This does not apply to telephone authorization for refill of a previously dispensed written, faxed or e-prescribed prescription.

4. 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.

5. **PMP Utilization Requirements:** Each prescribing health care practitioner licensing board has promulgated PMP utilization requirements. Please review your licensing board's regulations for requirements based on your professional license type.

If you already have an active account or if you have registered with the PMP you can renew online OR complete the renewal application on the back of this form and mail in.





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Fee: **Triennial renewal fee -\$180 (Make check or money order payable to NM Board of Pharmacy).

**The renewal fee may be waived for individuals who are currently serving in the United States military in an active war zone or who serve in direct support of operation in active war zones. Please provide relevant documentation if this applies. Does this apply to you? () YES () NO

If you have internet explorer 11 or greater, and you are able to answer the attestation questions below in the affirmative, please go to the following link to renew: https://mylicense.rld.state.nm.us/PersonSearchResults.aspx

On-Line renewal information:

- a. Your registration code never changes, and is printed on all renewals mailed from the BOP, so if you have an old form it's the same one.
b. The license number required by the system is your controlled substance registration, please include the CS and the 8 digits that follow.
c. You must create a new user ID every year so please go to link above and CHANGE your user ID that prepopulates.
d. Please enter a valid email address at the registration page, which is required to renew on-line. The renewal receipt should be sent to this e-mail within 10 minutes of online renewal.
e. Additional instructions are available via: http://www.rld.state.nm.us/uploads/files/Renewal%20Instructions .pdf
f. NOTICE: Your License will NOT update the same day the payment is made. Please be aware that it may take anywhere from 2 to 5 days for license to show that it's updated on the online verification after payment has been made online.

INSTRUCTIONS (mail):

- (1.) Renewal application below - NO photocopies and must be filled out in its entirety for acceptance
(2.) Make check or money order payable to NM Board of Pharmacy). Processing time is 5 to 10 business days once it is received in our office.

Do you have an active PMP ACCOUNT: Yes No If no, AND you are NOT a veterinarian please visit https://www.nmpmp.org/account-and-registration/register-as-a-new-user/ to create an account otherwise your application will be denied as an active PMP account is required prior to the renewal of this license.

License Number: CS _____

Employers Information (this address appears on license):

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone # _____

Work Phone # _____

Email address: _____

(P.O. Box not acceptable must be physical address)

Schedule of Drugs (Check v only those you need): 2 3 3N 4 5

New Mexico Professional Board (circle): Dental Medical Nursing Optometry Podiatry Midwifery Veterinary Chiropractic Other _____

New Mexico Professional License # _____

Expiration Date _____

Federal DEA # _____

DEA Expiration Date _____

These license numbers are required and expiration dates MUST be current. If both your CSR and DEA are expired please mail this application first with the word "pending" on the Federal DEA # since you will need to reinstate your CSR first.

I have not since the time of my last renewal 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 since the time of my last renewal had any disciplinary actions, do not have pending actions against me, and have not been investigated by any professional licensing authority, to my knowledge.*

Signature _____

*If the above statements are not true, 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 _____

Our office must receive application and fees at the same time; otherwise processing time will be delayed.



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Retain a copy of both the renewal form and form of payment for future reference.