



Board of Pharmacy

In State Hospital Pharmacy Application Manual

Table of Contents

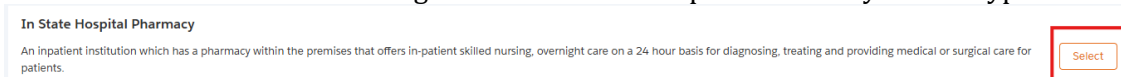
Application for In State Hospital Pharmacy

Introduction Page	3
Basic Information Page	3
Facility Information Page	6
Employee Information Page	9
Questions Page	11
Upload Documents Page	12
Attestation Page	14
Payment Page	15

Board of Pharmacy Application Manual

Application for In State Hospital Pharmacy

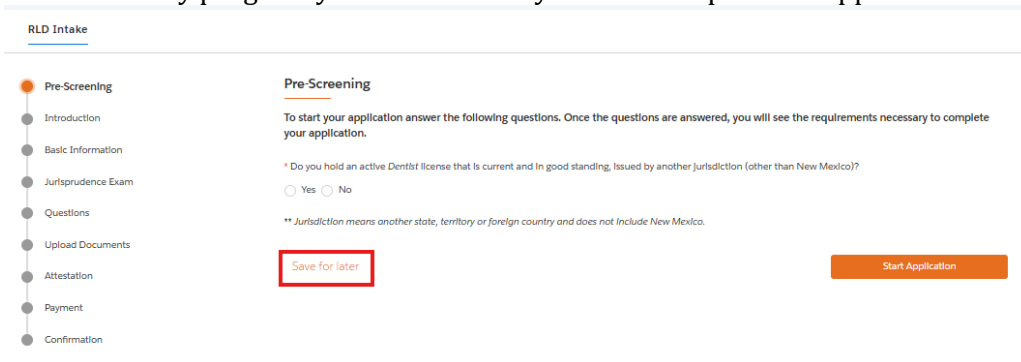
1. Click the “Select” button to the right of the In State Hospital Pharmacy license type.



In State Hospital Pharmacy
An inpatient institution which has a pharmacy within the premises that offers in-patient skilled nursing, overnight care on a 24 hour basis for diagnosing, treating and providing medical or surgical care for patients.

Select

2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.



RLD Intake

- Pre-Screening
- Introduction
- Basic Information
- Jurisprudence Exam
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

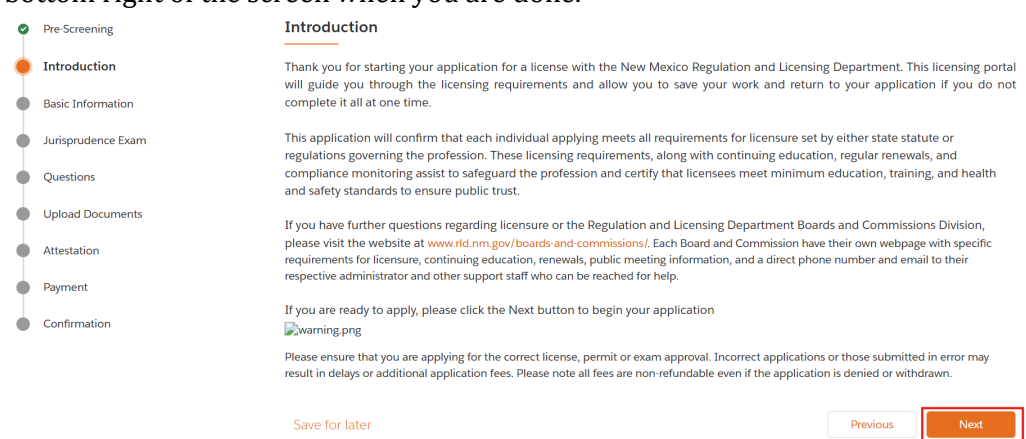
* Do you hold an active Dentist license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

☐ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later Start Application

3. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.



Pre-Screening

- Pre-Screening
- Introduction
- Basic Information
- Jurisprudence Exam
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Introduction

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

This application will confirm that each individual applying meets all requirements for licensure set by either state statute or regulations governing the profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at www.rld.nm.gov/boards-and-commissions/. Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Next button to begin your application

warning.png

Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later Previous Next

4. On the Basic Information page, verify that all information is valid and up to date.

RLD Intake

- Pre Screening
- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

Save for later

Previous

Next

- a. If **Yes**, select the “Next” button at the bottom right of the page.

RLD Intake

- Pre Screening
- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

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Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

Save for later

Previous

Next

- b. If **No**, select the “My Profile” button at the top left to update your information.

RLD Intake

- Pre-Screening
- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Basic Information

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Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the "My Profile" button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

▼ Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

▼ Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (If in New Mexico) *Mailing Zip

*Mailing Country

Save for later Previous Next

i. Select the "Edit" button at the bottom right of the page.

My Profile

▼ Person Information

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race Ethnicity Preferred Language Are you a New Mexico Resident?

Date of Birth Gender

Primary Phone No Business Phone No

Identifier Type Identifier Number

▼ Mailing Address

Mailing Street

City State/Province

Country Zip Code County (If in New Mexico)

Edit

ii. Enter in all relevant updated data and select "Save" at the bottom right when completed.

My Profile

▼ **Person Information**

* First Name Middle Name * Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

* Race * Ethnicity * Preferred Language * Are you a New Mexico Resident?

* Date of Birth * Gender

* Primary Phone No Business Phone No

* Identifier Type * Identifier Number

▼ **Mailing Address**

* Mailing Street

* City State / Province

Country * Zip Code County (If in New Mexico)

iii. You will need to restart your application to ensure the updated data is listed. Return to “Step1: Select Home In State Hospital Pharmacy Application” to continue.

5. On the Facility Information Page, fill out all information about your Facility.

RLD Intake

- Introduction
- Basic Information
- Facility Information**
- Employee Information
- Questions
- Upload Documents
- Announcement
- Payment
- Confirmation

Facility Information

Please enter the business name exactly as you will need it on the license.

* Business Name

Website URL:

* Please specify the ownership type

* Specify details for each owner or officer below. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	Email	Title	Address	Action
Add New				

Facility Physical Address

* Street

* City

* State

* Zip

* Country

Facility Mailing Address

Please note that the license will be sent to this address.

* Street

* City

* State

* Zip

* Country

Normal hours of operation

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Day of the week	Start Time	End Time	Action
Add New			

[Save for later](#) [Previous](#) [Next](#)

a. To add owner details, select the orange “Add New” button

* Specify details for each owner or officer below. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	Email	Title	Address	Action
Add New				

b. Add relevant data and select the “Save” button to complete.

Owner Information

* Owner/Officer Full Name or Business Name

* Email

* Street

* City

* State

* Zip Code

* Country

Title

Cancel

Save

- c. To add the hours of operation, select the “Add New” button.

▼ Normal hours of operation

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Add New

Day of the week	Start Time	End Time	Action

- d. Enter every day’s information separately and select “Save”.

Operation Details

* Day of the week

Select Operation Day ▼

* Start Time

* End Time

Cancel

Save

- e. To complete the Facility Information page, select the orange “Next” button to continue.

RLD Intake

- Introduction
- Basic Information
- Facility Information**
- Employee Information
- Questions
- Upload Documents
- Attribution
- Payment
- Confirmation

Facility Information

Please enter the business name exactly as you will need it on the license.

* Business Name

Website URL

* Please specify the ownership type

* Specify details for each owner or officer below. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	Email	Title	Address	Action
Add New				

Facility Physical Address

* Street

* City

* State

* Zip

* Country

Facility Mailing Address

Please note that the license will be sent to this address.

* Street

* City

* State

* Zip

* Country

Normal hours of operation

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Day of the week	Start Time	End Time	Action
Add New			

[Save for later](#) [Previous](#) [Next](#)

- On the Employee Information page, enter all required data with the most recent information.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information**
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Employee Information

* Contact Person Name * Contact Person Telephone Number

Error: Contact Person Name is required.

* Contact Person Title * Contact Person Email

Search by Pharmacist Name

* Pharmacist In charge Name * Pharmacist In charge License Number * Pharmacist In charge Phone Number

Specify details of all registered pharmacists and supportive personnel & position title, including owner if registered.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

[Add New](#)

Name	NMBOP License Number	Email	Position/Title	Action
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[Save for later](#) [Previous](#) [Next](#)

- a. To add registered pharmacist, select the “Add New” button.

Specify details of all registered pharmacists and supportive personnel & position title, including owner if registered.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

[Add New](#)

Name	NMBOP License Number	Email	Position/Title	Action
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- b. Enter in all relevant information and select “Save”

Personnel Information

Q Search Personnel

* First Name * Last Name

* Title * License Number

Select title ▼

Phone * Email

* DOB

[Cancel](#) [Save](#)

- c. To complet the Employee Information Page, select the orange “Next” button to continue.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information**
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Employee Information

* Contact Person Name * Contact Person Telephone Number

Error: Contact Person Name is required.

* Contact Person Title * Contact Person Email

Search by Pharmacist Name

* Pharmacist In charge Name * Pharmacist In charge License Number * Pharmacist In charge Phone Number

Specify details of all registered pharmacists and supportive personnel & position title, including owner if registered.
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	NMBOP License Number	Email	Position/Title	Action
Add New				

Save for later Previous **Next**

7. On the Questions page, please answer all questions accurately with the most recent information.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions**
- Upload Documents
- Attestation
- Payment
- Confirmation

Questions

* Is this a Change of Ownership application?
☐ Yes
☐ No

* Will this facility need a New Mexico Controlled Substance registration?
☐ Yes
☐ No

* Have you (owner, officer, facility) been arrested, investigated, charged, convicted, 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?
☐ Yes
☐ No

* Have you (owner, officer, facility) had any disciplinary actions, or have any pending actions against you, or to your knowledge been investigated by any professional licensing authority?
☐ Yes
☐ No

✓ **Inspection Information**

You will be charged additional \$150 for inspection in addition to the application fee.

* Indicate Type of Inspection
☐ New ☐ Remodel ☐ Change of Location ☐ Change of Ownership

* Contact Name to Schedule Inspection

* Contact Phone to Schedule Inspection * Contact Email to Schedule Inspection

* Will a temporary license be needed after inspection?
☐ Yes
☐ No

* Are all the fixtures in facility in place, but no prescription drugs present?
☐ Yes
☐ No

* Has all construction been completed?
☐ Yes
☐ No

* Are all the equipment, references, and board regulations present, or has an invoice showing item(s) been ordered by supplier?
☐ Yes
☐ No

Save for later Previous **Next**

- a. To complete the Questions page, select the “Next” button at the bottom right of the page.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions**
- Upload Documents
- Attestation
- Payment
- Confirmation

Questions

* Is this a Change of Ownership application?
☐ Yes
☐ No

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* Have you (owner, officer, facility) been arrested, investigated, charged, convicted, 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?
☐ Yes
☐ No

* Have you (owner, officer, facility) had any disciplinary actions, or have any pending actions against you, or to your knowledge been investigated by any professional licensing authority?
☐ Yes
☐ No

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☐ Yes
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* Has all construction been completed?
☐ Yes
☐ No

* Are all the equipment, references, and board regulations present, or has an invoice showing item(s) been ordered by supplier?
☐ Yes
☐ No

[Save for later](#) [Previous](#) [Next](#)

8. On the Upload Documents page, attach all requested and relevant documents to their designated column.

RLD Intake

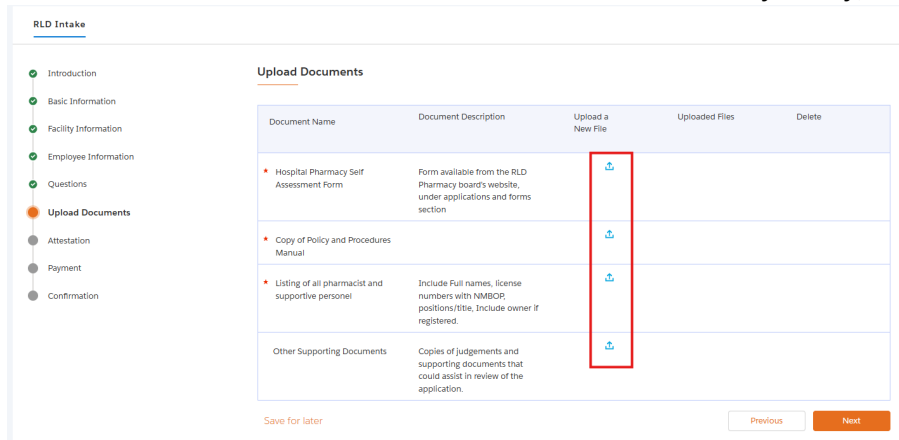
- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions
- Upload Documents**
- Attestation
- Payment
- Confirmation

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Hospital Pharmacy Self Assessment Form	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Copy of Policy and Procedures Manual				
* Listing of all pharmacist and supportive personnel	Include Full names, license numbers with NMBOP positions/Title, Include owner if registered.			
Other Supporting Documents	Copies of Judgements and supporting documents that could assist in review of the application.			

[Save for later](#) [Previous](#) [Next](#)

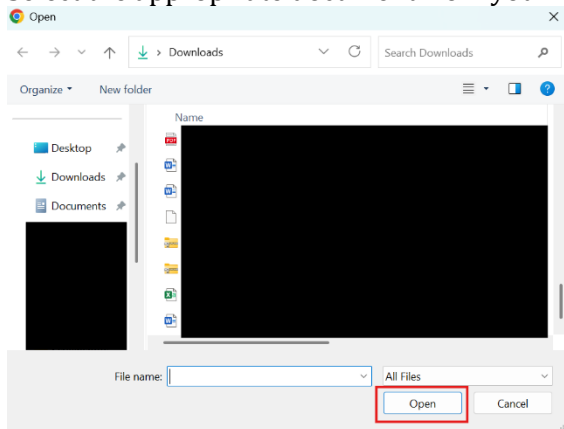
- a. Select the blue upload icon in each section to upload a document.



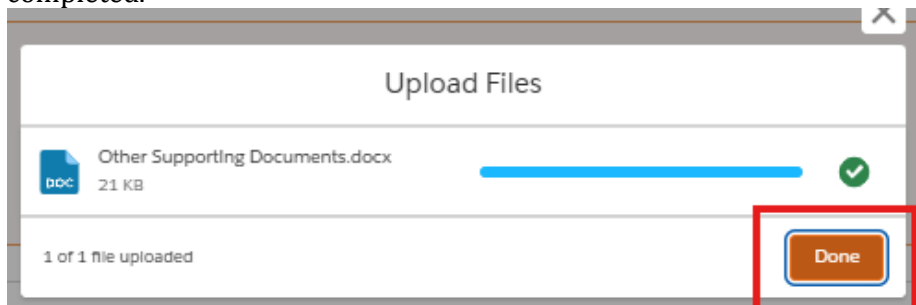
- b. Review the document size and type requirements before uploading, then select the Upload File button.



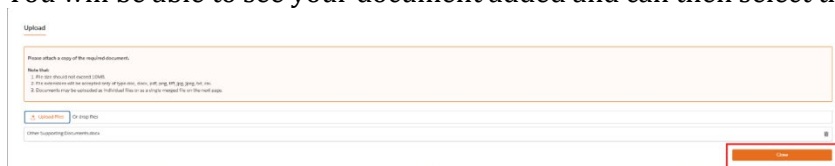
- c. Select the appropriate document from your files and then select “Open”



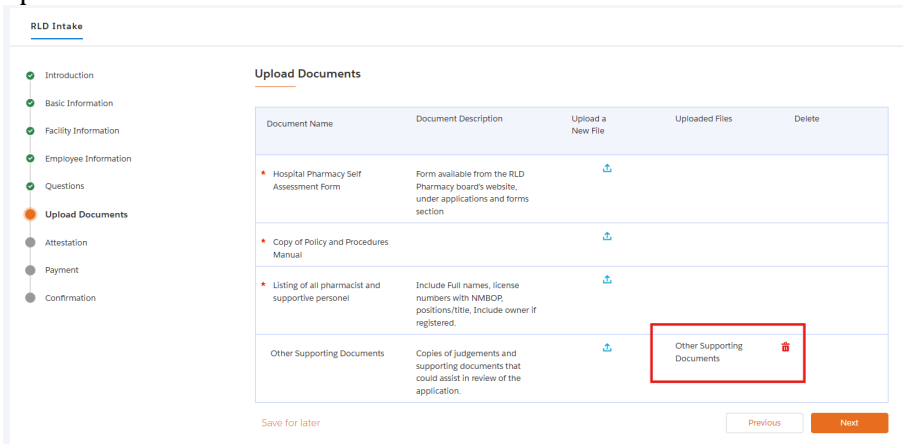
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



- e. You will be able to see your document added and can then select the “Close” option.



- f. You will be able to see the documents in each section once you have completed the uploads.



RLD Intake

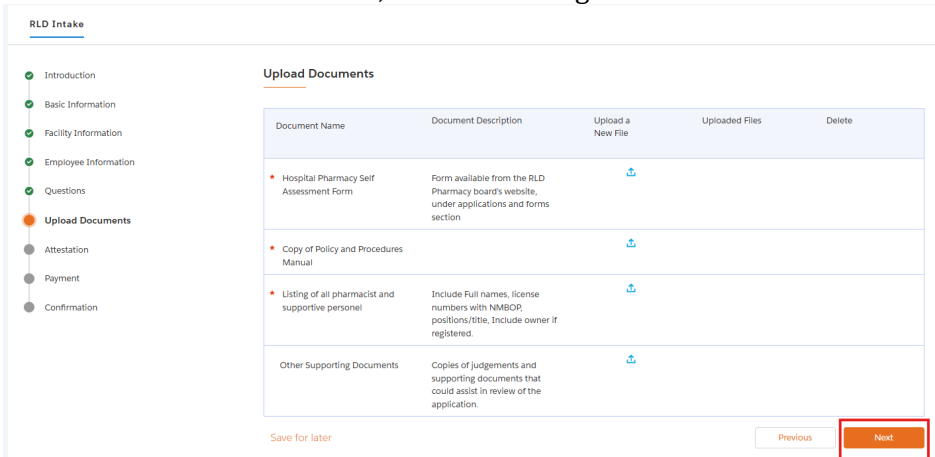
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Hospital Pharmacy Self Assessment Form	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Copy of Policy and Procedures Manual				
* Listing of all pharmacist and supportive personnel	Include Full names, license numbers with NMBOP, positions/title, Include owner if registered.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

Save for later

Previous Next

- g. Once all documents are added, select the orange "Next" button.



RLD Intake

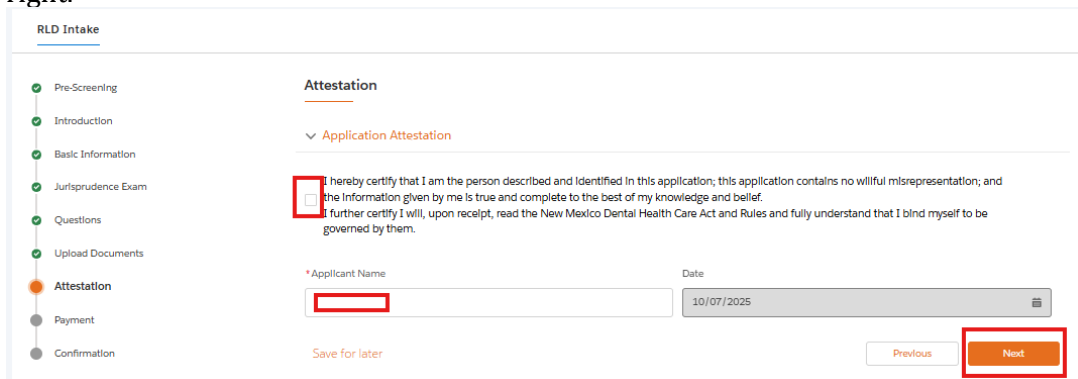
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Hospital Pharmacy Self Assessment Form	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Copy of Policy and Procedures Manual				
* Listing of all pharmacist and supportive personnel	Include Full names, license numbers with NMBOP, positions/title, Include owner if registered.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

Save for later

Previous Next

9. On the Attestation page, review the statement on the screen. Then select the checkbox to certify your agreement. After, enter your name and select the "Next" button at the bottom right.



RLD Intake

Attestation

Application Attestation

☐ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

I further certify I will, upon receipt, read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

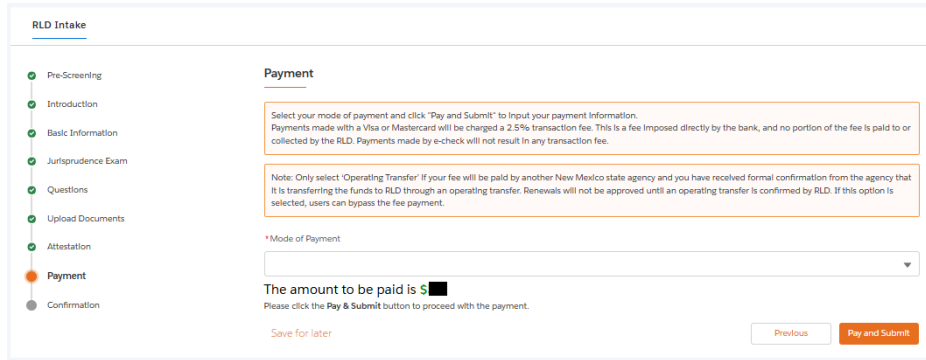
* Applicant Name

Date

Save for later

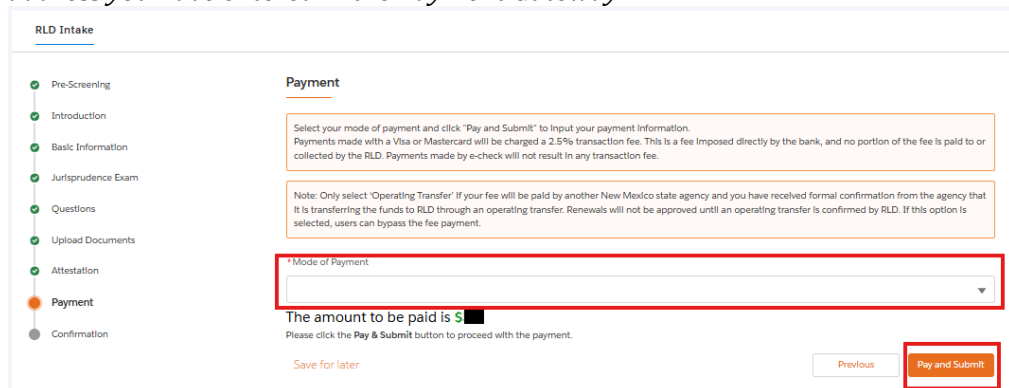
Previous Next

10. On the Payment page, review the notice before making any selections.



- a. Select a Mode of Payment then the “Pay and Submit” button. When selecting either Credit Card (Visa or Mastercard) or E-Check as your payment method, a new tab will open directing you to the Cybersource Payment Gateway screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

Note: Payment is a separate system and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.



- b. Ensure all required fields are completed and click “Next” button to proceed through entire payment.

Billing

Payment

Review

Receipt

Billing Information

* Required field

First Name *

Last Name *

Company Name

Address Line 1

City

Country/Region

United States of America

State/Province

New Mexico

Zip/Postal Code

Phone Number *

Email *

Next

Cancel Order

Your Order

Total amount

\$

11. Once your payment is completed, your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.

Board of

PAR-0000

RLD Intake View

Introduction

Basic Information

Jurisprudence Exam

Questions

Uploaded Documents

Attestation

Payment

Payment

You have completed the payment.

The amount paid is \$

Previous

12. On the home page, the application will appear under My Applications with **Submitted** status.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)