



Board of Pharmacy

In State Limited Vet Application Manual

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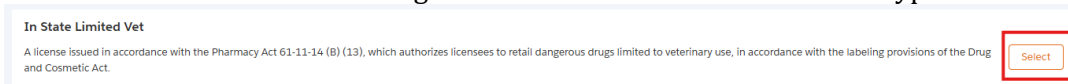
Application for In State Limited Vet

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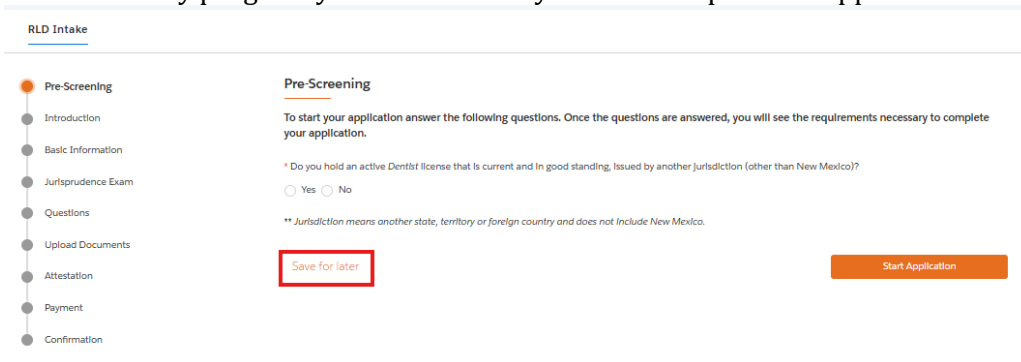
Board of Pharmacy Application Manual

Application for In State Limited Vet

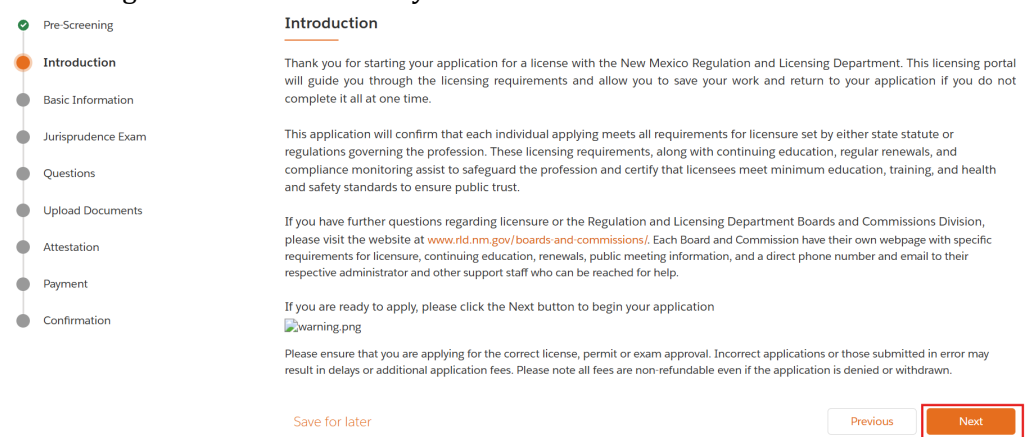
1. Click the “Select” button to the right of the In State Limited Vet license type.



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.



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.



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](#)

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

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*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

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

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[My Profile](#)

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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 In State Limited Vet Application” to continue.
5. On the Facility Information Page, fill out all information about your Facility.

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- Facility Information**
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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.

Add New

Name	Email	Title	Address	Action

▼ 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

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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.

Add New

Name	Email	Title	Address	Action

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

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

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* 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**

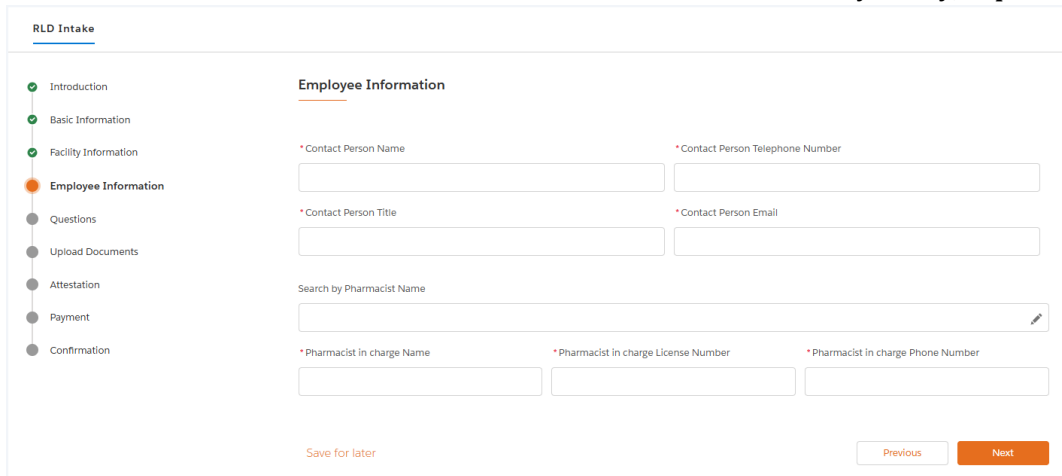
Please note that the license will be sent to this address.

* Street

* City * State

* Zip * Country

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



RLD Intake

Employee Information

- Introduction
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- Facility Information
- Employee Information**
- Questions
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* Contact Person Name

* Contact Person Telephone Number

* Contact Person Title

* Contact Person Email

Search by Pharmacist Name

* Pharmacist in charge Name

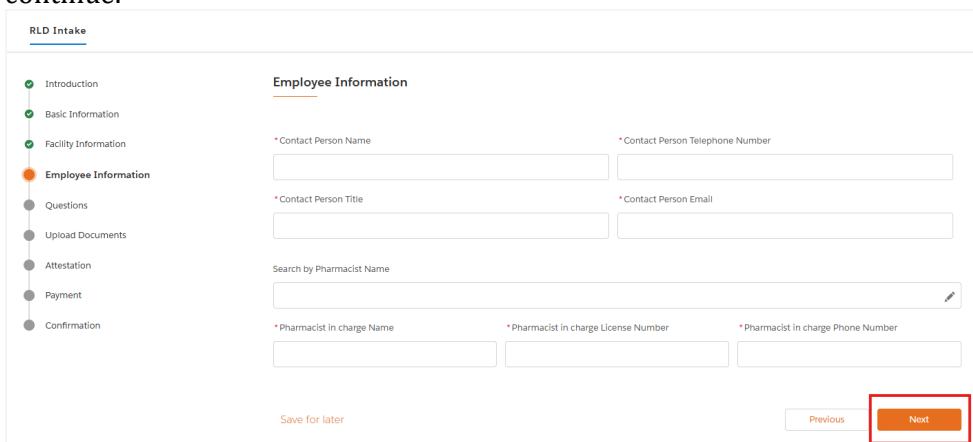
* Pharmacist in charge License Number

* Pharmacist in charge Phone Number

Save for later

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



RLD Intake

Employee Information

- Introduction
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- Questions
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- Confirmation

* Contact Person Name

* Contact Person Telephone Number

* Contact Person Title

* Contact Person Email

Search by Pharmacist Name

* Pharmacist in charge Name

* Pharmacist in charge License Number

* Pharmacist in charge Phone Number

Save for later

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

RLD Intake

- Introduction
- Name Information
- Facility Information
- Employee Information
- Questions**
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Questions

*Is this a Change of Ownership application?

☐ Yes
☐ No

*Will this facility need a New Mexico Controlled Substance registration?

☐ Yes
☐ No

*Do you maintain a consecutively numbered prescription or order list?

☐ Yes
☐ No

*Are prescription records and prescription list retained for at least three (3) years?

☐ Yes
☐ No

*Please enter the name and title of employee(s) that are designated to sell dangerous veterinary drugs. Information for each employee should be requested by a column. (These drugs are bearing the manufacturer's label. CAUTION: Federal law restricts this drug to use by or on the order of a veterinary, or a pharmacist ONLY.)

*Are these dangerous drugs stored separately from other non-prescription veterinary products?

☐ Yes
☐ No

*Are these dangerous drugs refrigerated when applicable?

☐ Yes
☐ No

Start each veterinary prescription or order form on file include the following information:

- a. Name and address of the veterinarian
- b. Name and strength of drug prescribed
- c. Quantity of drug ordered by the veterinarian
- d. Direction for use and cautionary statements
- e. Date of order or prescription
- f. Name of the owner of animal and/or caregiver
- g. In the event, the prescription or order is received by telephone, the name of the employee or individual taking the order from the prescribing veterinarian

☐ Yes
☐ No

Are all dangerous veterinary drugs labeled by your designated employee on the container, or if distributed in unit lots, in each unit labeled with the following information:

- a. Name and address of the retailer
- b. Prescription order number
- c. Date of filling order or prescription
- d. Name of the prescribing veterinarian
- e. Name of person and/or caregiver of the animal(s)
- f. Adequate directions for use and cautionary statement, if any contained in the prescription

☐ Yes
☐ No

*Do you certify that as an owner, partner, corporate officer, or manager of the facility you are fully acquainted with New Mexico Pharmacy laws?

☐ 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 agreement 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 fee inspection in addition to the application fee.

*Indicate type of inspection

☐ New ☐ Renewal ☐ 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 facilities in facility in place, had no prescription drugs present?

☐ Yes
☐ No

*Has all construction been completed?

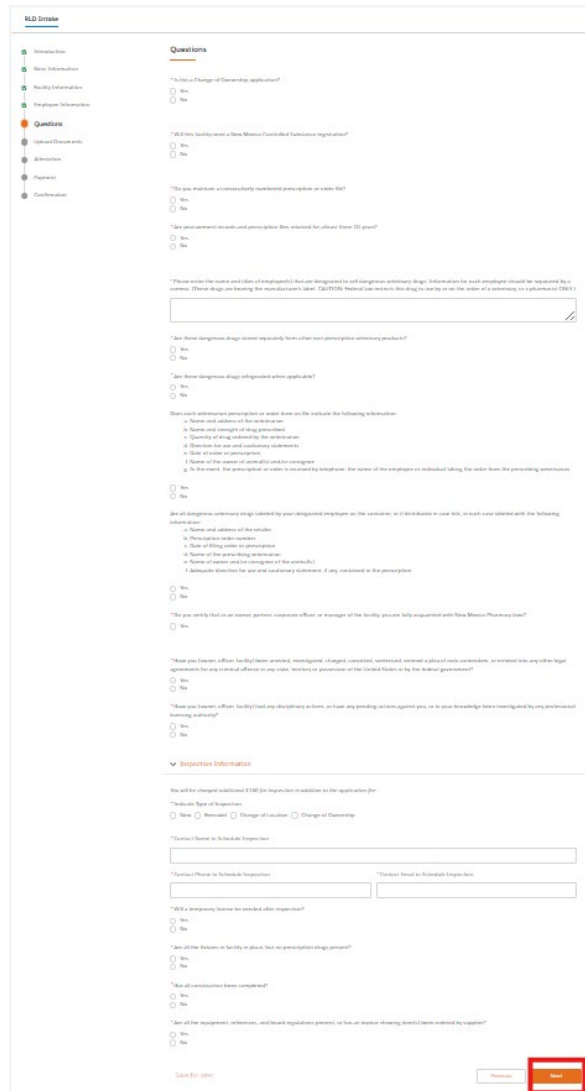
☐ Yes
☐ No

*Are all the equipment, containers, and brand regulations present, or has an inspection showing denied been ordered by supplier?

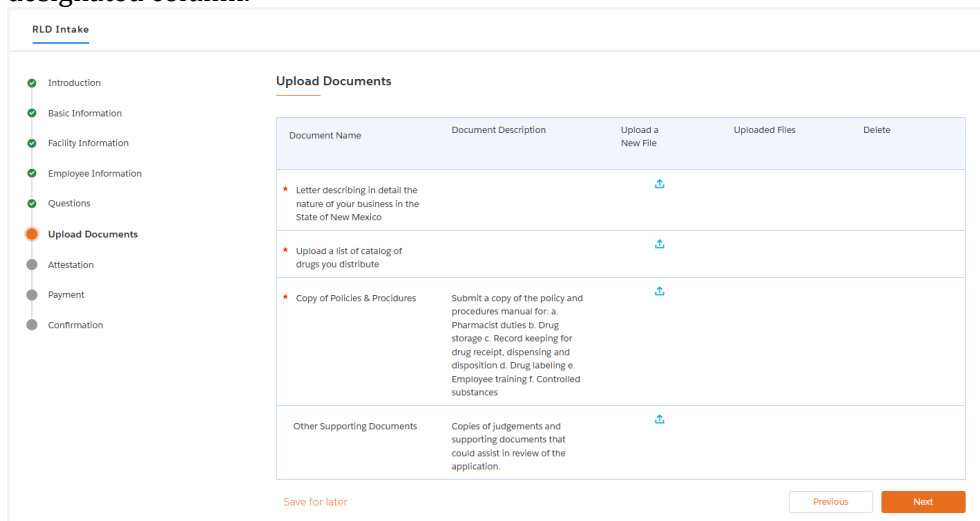
☐ Yes
☐ No

[Skip For later](#) [Previous](#) [Next](#)

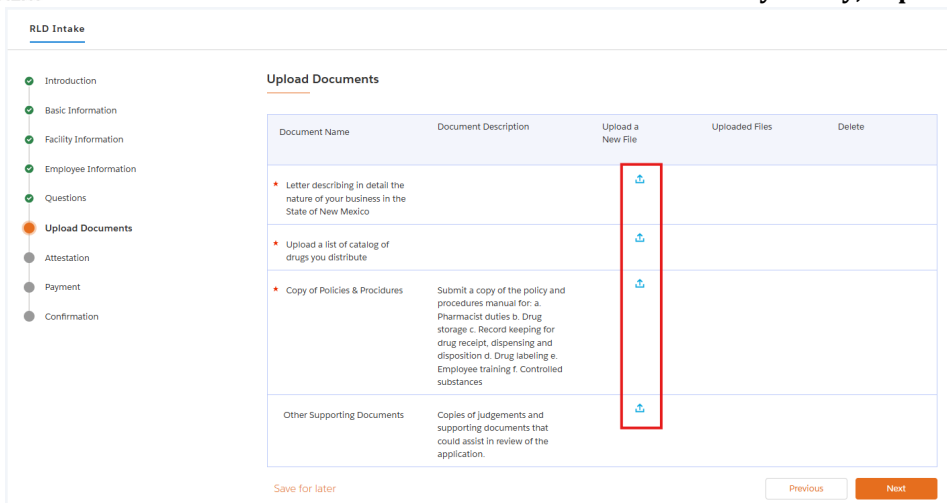
- a. To complete the Questions page, select the “Next” button at the bottom right of the page.



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



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



RLD Intake

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
Letter describing in detail the nature of your business in the State of New Mexico				
Upload a list of catalog of drugs you distribute				
Copy of Policies & Procedures	Submit a copy of the policy and procedures manual for: a. Pharmacist duties b. Drug storage c. Record keeping for drug receipt, dispensing and disposition d. Drug labeling e. Employee training f. Controlled substances			
Other Supporting Documents	Copies of judgments and supporting documents that could assist in review of the application.			

Save for later

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



Upload

Please attach a copy of the required document.

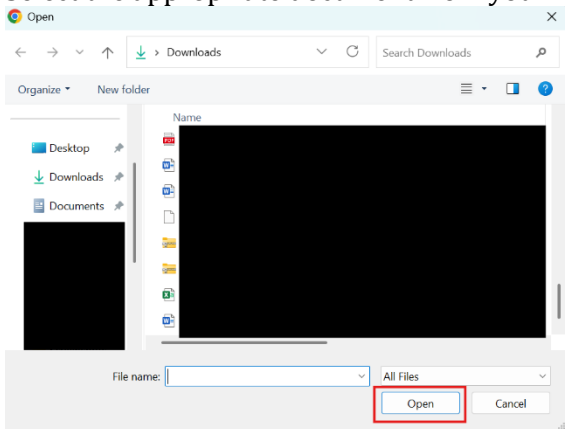
Note that:

- 1. File size should not exceed 10MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, long, lat, xls.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

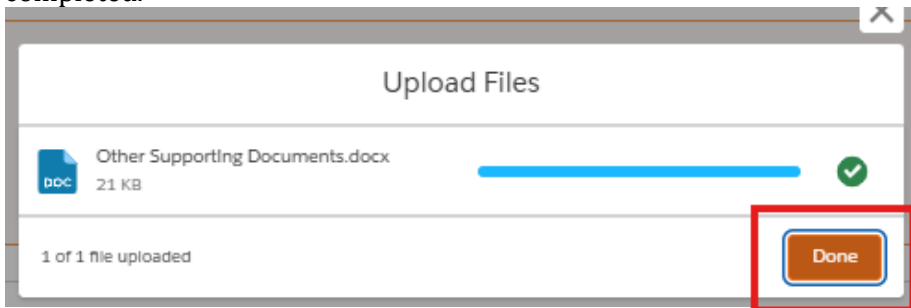
Upload File

Close

- 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.



Upload Files

Other Supporting Documents.docx
21 KB

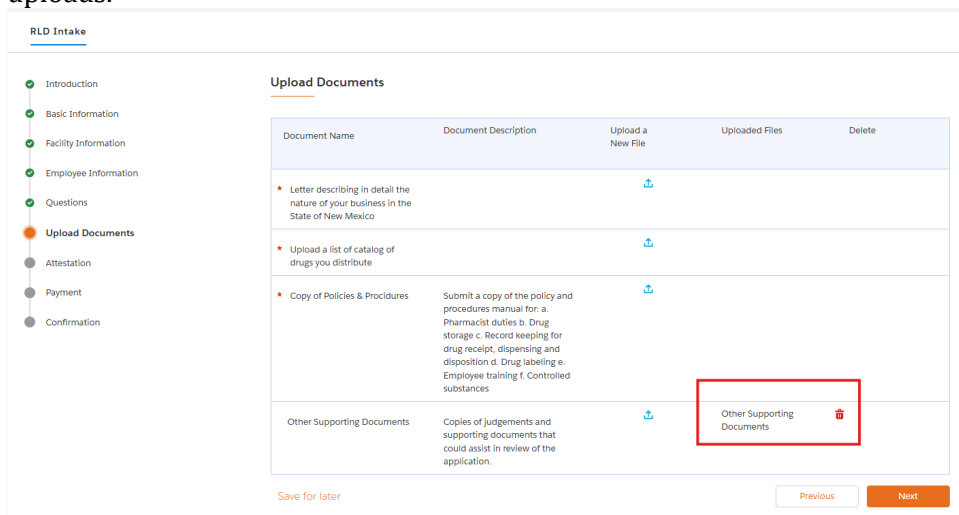
1 of 1 file uploaded

Done

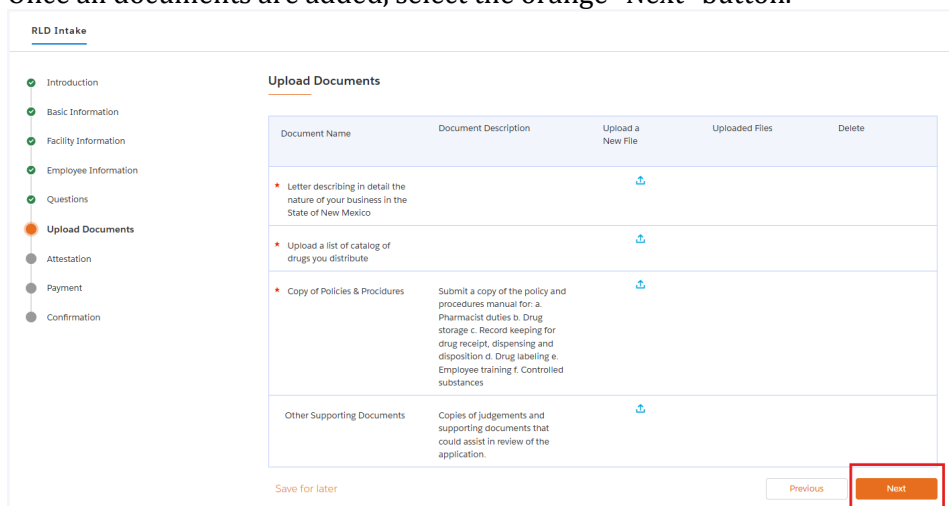
- e. You will be able to see your document added and can then select the "Close" option.



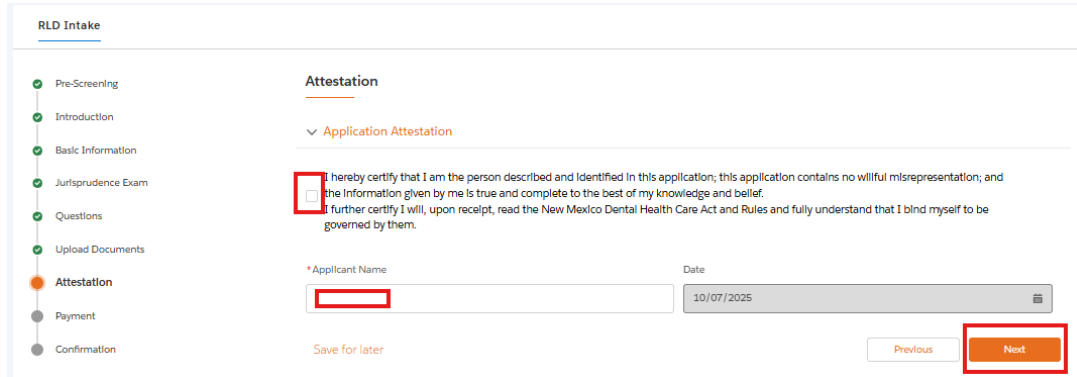
- f. You will be able to see the documents in each section once you have completed the uploads.



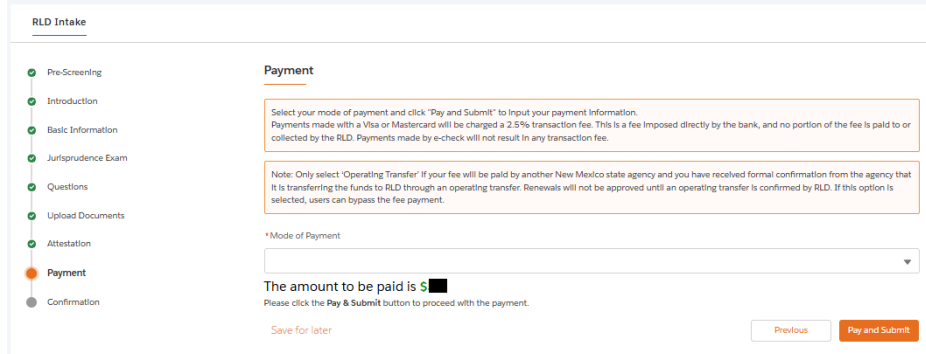
- g. Once all documents are added, select the orange “Next” button.



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.

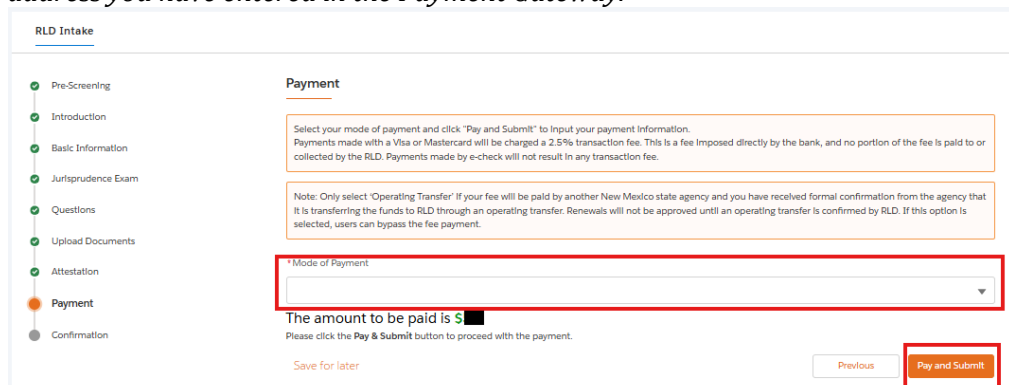


10. On the Payment page, review the notice before making any selections.



- 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 \$

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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](#)