



Board of Pharmacy

In State Sterile Pharmacy Application Manual

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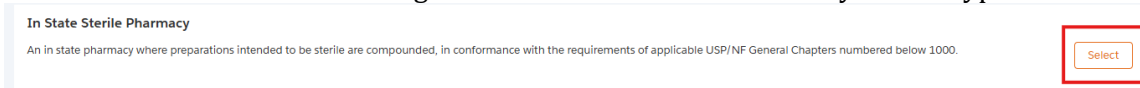
Application for In State Sterile Pharmacy

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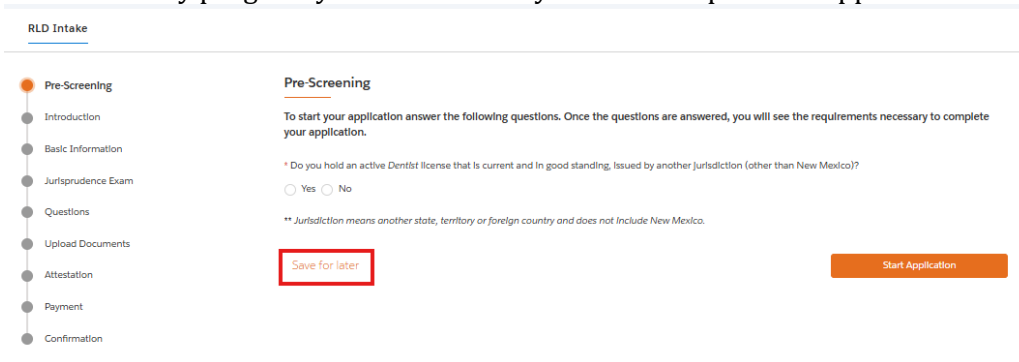
Board of Pharmacy Application Manual

Application for In State Sterile Pharmacy

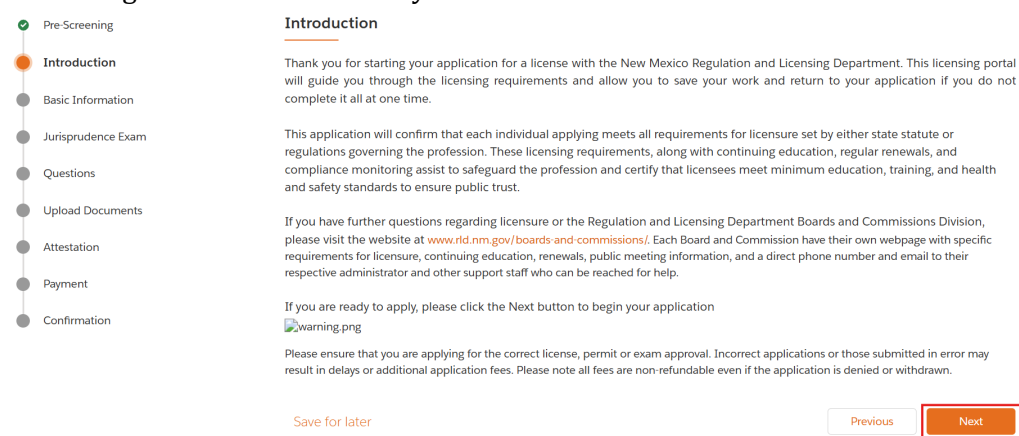
1. Click the “Select” button to the right of the In State Sterile Pharmacy license type.



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](#) [Previous](#) [Next](#)

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

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[My Profile](#)

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Any other name(s)

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▼ **Mailing Address**

*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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Basic Information

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

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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.

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

* Start Time

* End Time

Cancel Save

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

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Facility Information

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

* Business Name
Enter Organization 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.

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Employee Information

* Contact Person Name * Contact Person Telephone Number

* Contact Person Title * Contact Person Email

Search by Consultant Pharmacist Name

* Consultant Pharmacist Name * Consultant Pharmacist License Number * Consultant Pharmacist Phone Number

* Name of Pharmacy where Pharmacist Is employed * Pharmacy License 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

[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

- b. Enter in all relevant information and select “Save”

Personnel Information

Q Search Personnel

* First Name * Last Name

* Title * License Number

Phone * Email

* DOB

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

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

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Employee Information

* Contact Person Name * Contact Person Telephone Number

* Contact Person Title * Contact Person Email

Search by Consultant Pharmacist Name

* Consultant Pharmacist Name * Consultant Pharmacist License Number * Consultant Pharmacist Phone Number

* Name of Pharmacy where Pharmacist Is employed * Pharmacy License 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

Save for later Previous **Next**

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



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

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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

* 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](#)

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

RLD Intake

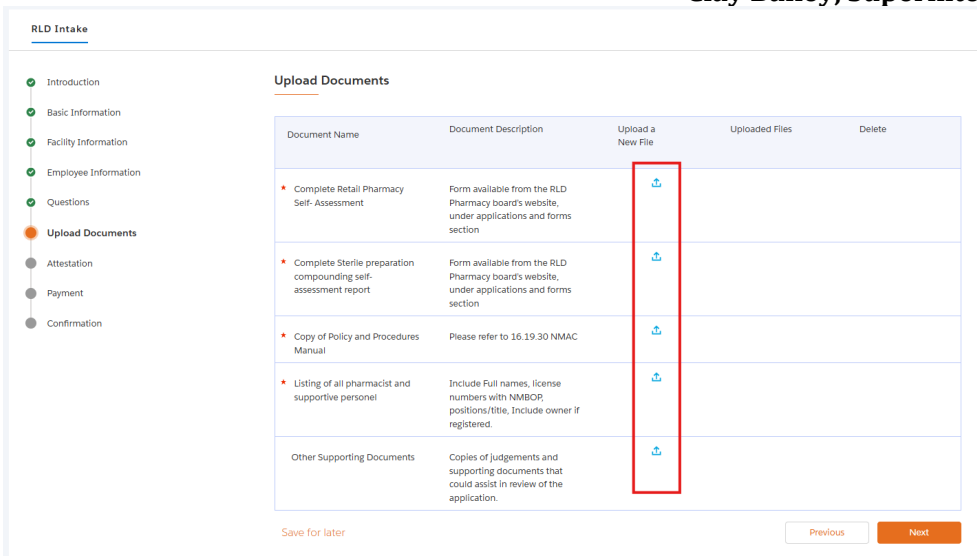
- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions
- Upload Documents**
- Attestation
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Complete Retail Pharmacy Self-Assessment	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Complete Sterile preparation compounding self-assessment report	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Copy of Policy and Procedures Manual	Please refer to 16.19.30 NMAC			
* Listing of all pharmacist and supportive personnel	Include Full names, license numbers with NMBOR 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](#)

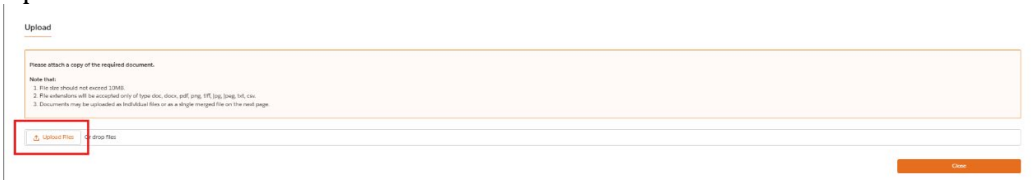
- a. Select the blue upload icon in each section to upload a document.



Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Complete Retail Pharmacy Self-Assessment	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Complete Sterile preparation compounding self-assessment report	Form available from the RLD Pharmacy board's website, under applications and forms section			
* Copy of Policy and Procedures Manual	Please refer to 16.19.30 NMAC			
* Listing of all pharmacist and supportive personnel	Include Full names, license numbers with NMBOR, 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

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



Please attach a copy of the required document.

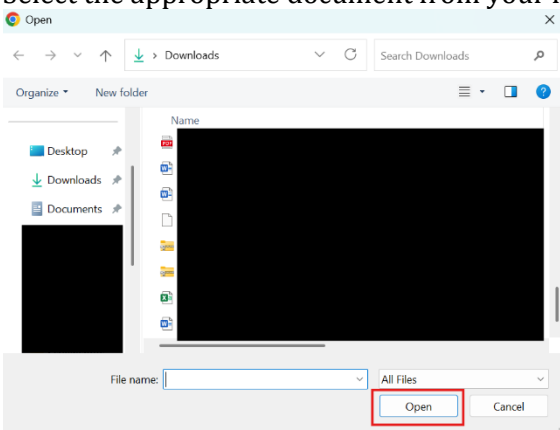
Note:

- 1. File size should not exceed 20MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, ttf, jpg, jpeg, tiff, xls.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

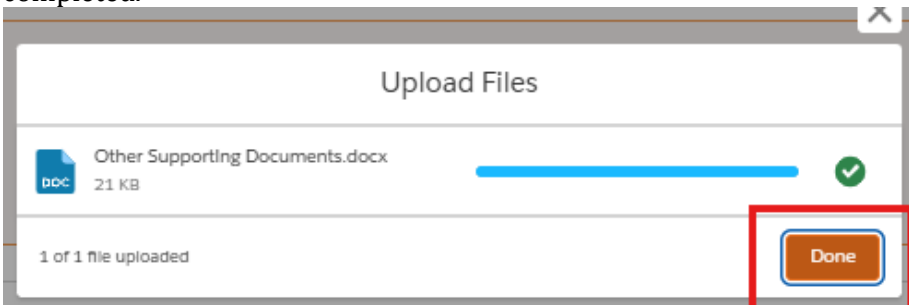
 

Close

- 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

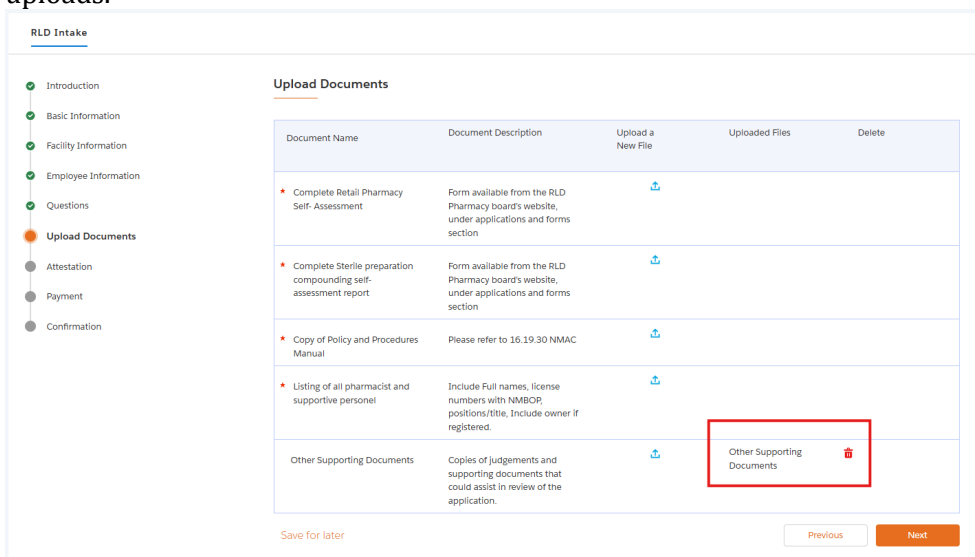
1 of 1 file uploaded

Done

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

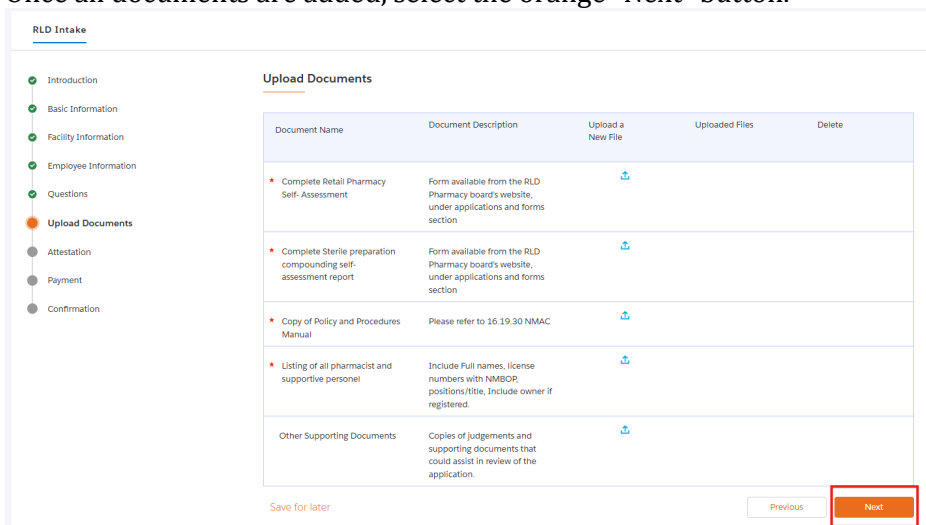


- f. You will be able to see the documents in each section once you have completed the uploads.

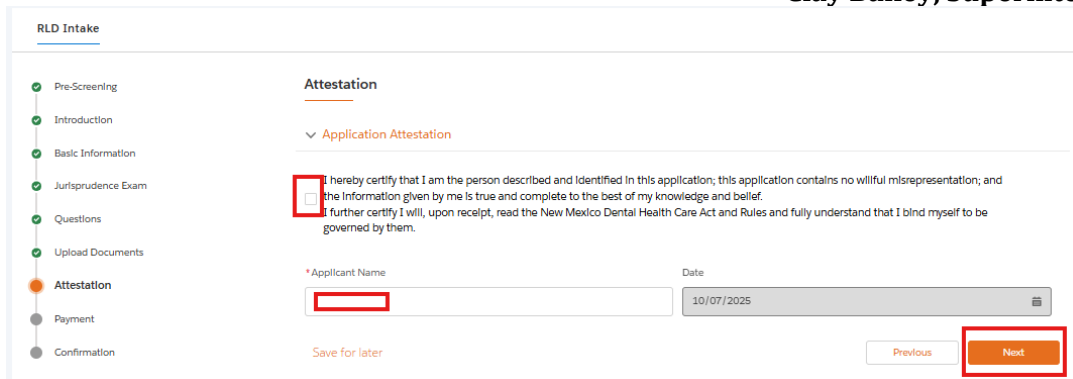


Document Name	Document Description	Upload a New File	Uploaded Files	Delete
• Complete Retail Pharmacy Self-Assessment	Form available from the RLD Pharmacy board's website, under applications and forms section			
• Complete Sterile preparation compounding self-assessment report	Form available from the RLD Pharmacy board's website, under applications and forms section			
• Copy of Policy and Procedures Manual	Please refer to 16.19.30 NMAC			
• Listing of all pharmacist and supportive personnel	Include Full names, license numbers with NMBOR, positions/title. Include owner if registered.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

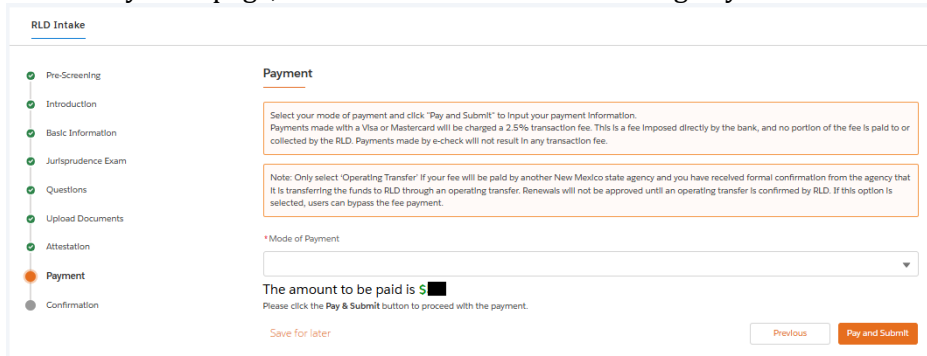
- g. Once all documents are added, select the orange "Next" button.



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.

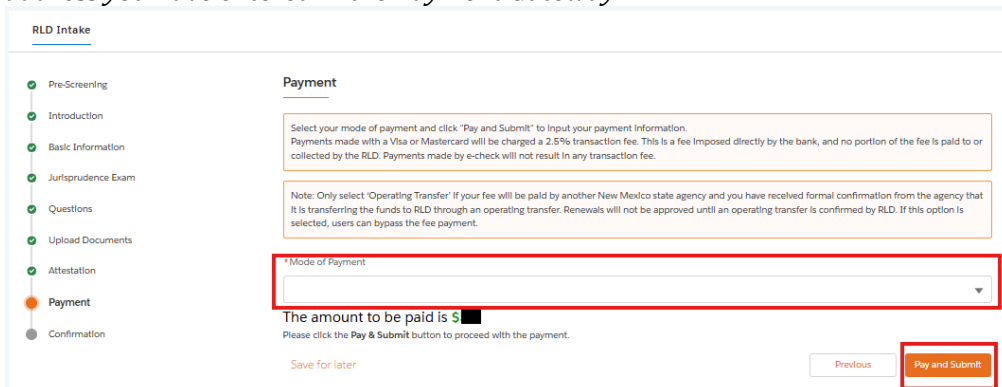


10. On the Payment page, review the notice before making any selections.



- 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

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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](#)