



Board of Pharmacy

Medical Gas Seller Application Manual

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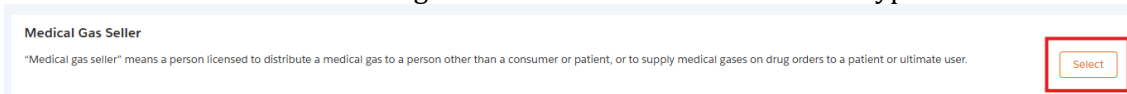
Application for Medical Gas Seller

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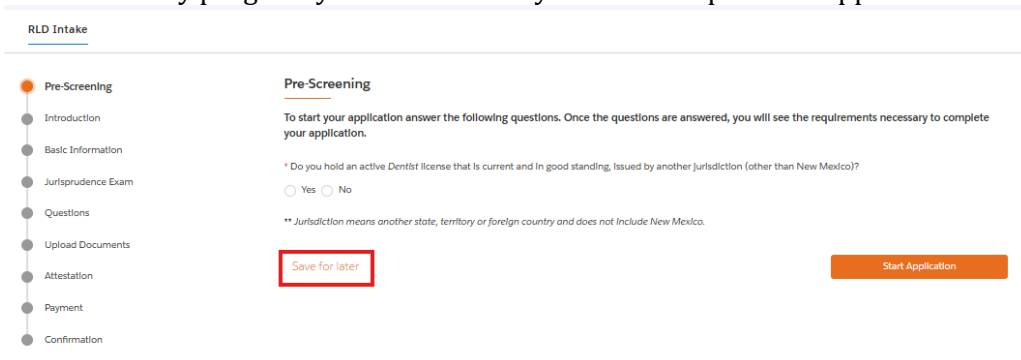
Board of Pharmacy Application Manual

Application for Medical Gas Seller

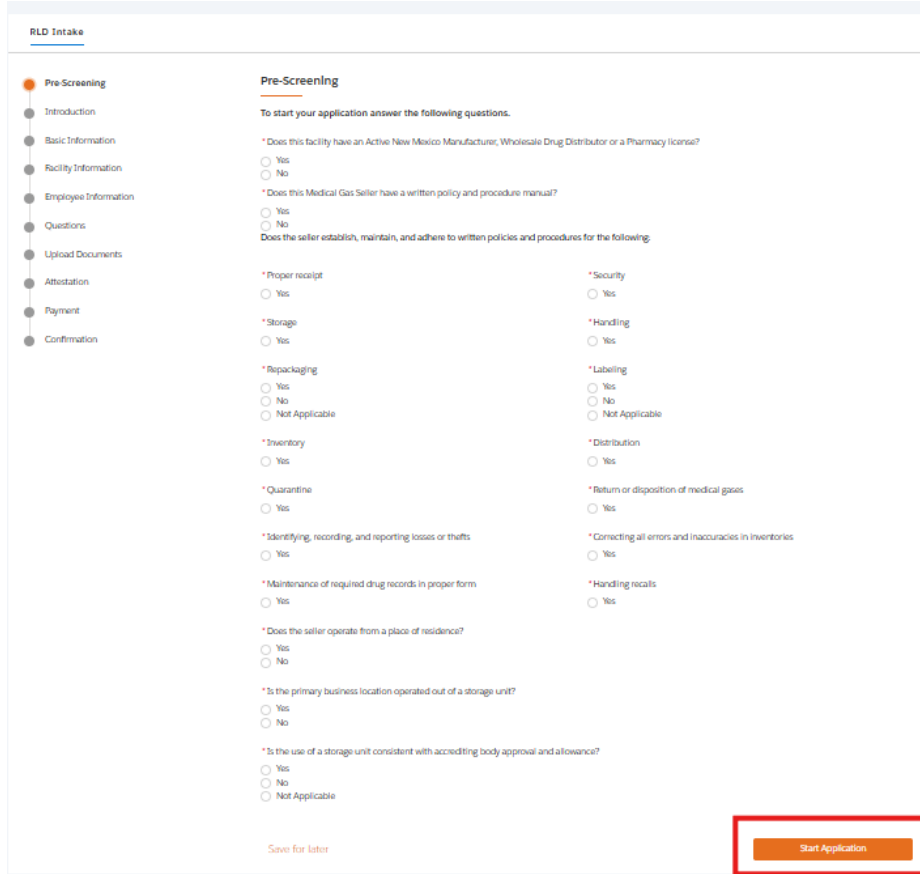
1. Click the “Select” button to the right of the Medical Gas Seller license type.



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 Pre-Screening Page, answer all required questions and select the “Start Application” button once completed.



RLD Intake

Pre-Screening

To start your application answer the following questions.

* Does this facility have an Active New Mexico Manufacturer, Wholesale Drug Distributor or a Pharmacy license?
☐ Yes
☐ No

* Does this Medical Gas Seller have a written policy and procedure manual?
☐ Yes
☐ No

Does the seller establish, maintain, and adhere to written policies and procedures for the following:

* Proper receipt
☐ Yes
☐ No

* Storage
☐ Yes
☐ No

* Repackaging
☐ Yes
☐ No
☐ Not Applicable

* Inventory
☐ Yes
☐ No

* Quarantine
☐ Yes
☐ No

* Identifying, recording, and reporting losses or thefts
☐ Yes
☐ No

* Maintenance of required drug records in proper form
☐ Yes
☐ No

* Does the seller operate from a place of residence?
☐ Yes
☐ No

* Is the primary business location operated out of a storage unit?
☐ Yes
☐ No

* Is the use of a storage unit consistent with accrediting body approval and allowance?
☐ Yes
☐ No
☐ Not Applicable

* Security
☐ Yes
☐ No

* Handling
☐ Yes
☐ No

* Labeling
☐ Yes
☐ No
☐ Not Applicable

* Distribution
☐ Yes
☐ No

* Return or disposition of medical gases
☐ Yes
☐ No

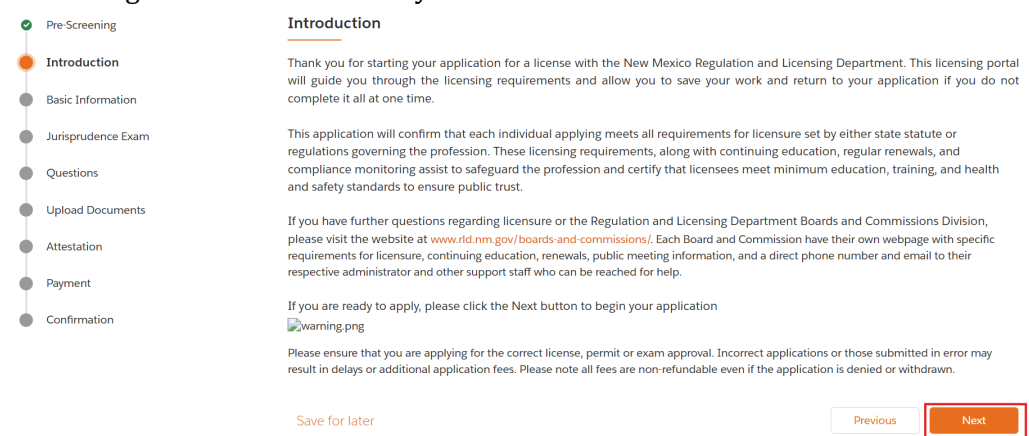
* Correcting all errors and inaccuracies in inventories
☐ Yes
☐ No

* Handling recalls
☐ Yes
☐ No

Save for later

Start Application

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



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



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

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

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- Jurisprudence Exam
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- Questions
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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](#)

▼ **Applicant Information**

*First Name Middle Name *Last Name

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*Phone Number *Email Address

▼ **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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[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

SSN

▼ **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 Medical Gas Seller Application” to continue.

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

RLD Intake

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Facility Information

* Are you located in New Mexico?
☐ Yes
☐ No

* Business Name

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

* Does this business have a DBA name?
☐ Yes
☐ No

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.

No Records Found

Facility Physical Address

* Facility Name

* Street

* City * State

* Zip * Country

Facility Mailing Address

* Street

* City * State

* Zip * Country

Save for later

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

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

Owner Information

*Owner/Officer Full Name or Business Name

*Email

*Street

*State

*Country

*City

*Zip Code

Title

Cancel
Save

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

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- **Facility Information**
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*Are you located in New Mexico?
☐ Yes
☐ No

*Business Name

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

*Does the business have a DBA name?
☐ Yes
☐ No

Website URL:

*Please specify the ownership type

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

Add New

No Records Found

Facility Physical Address

*Facility Name

*Street

*City

*Zip

*State

*Country

Facility Mailing Address

*Street

*City

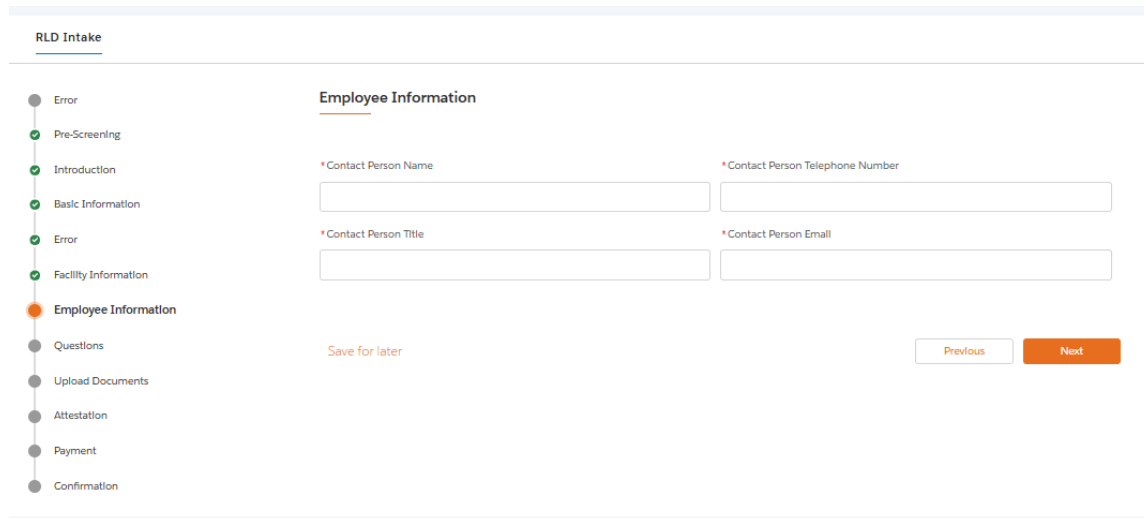
*Zip

*State

*Country

Save for later
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information.



RLD Intake

Employee Information

* Contact Person Name

* Contact Person Telephone Number

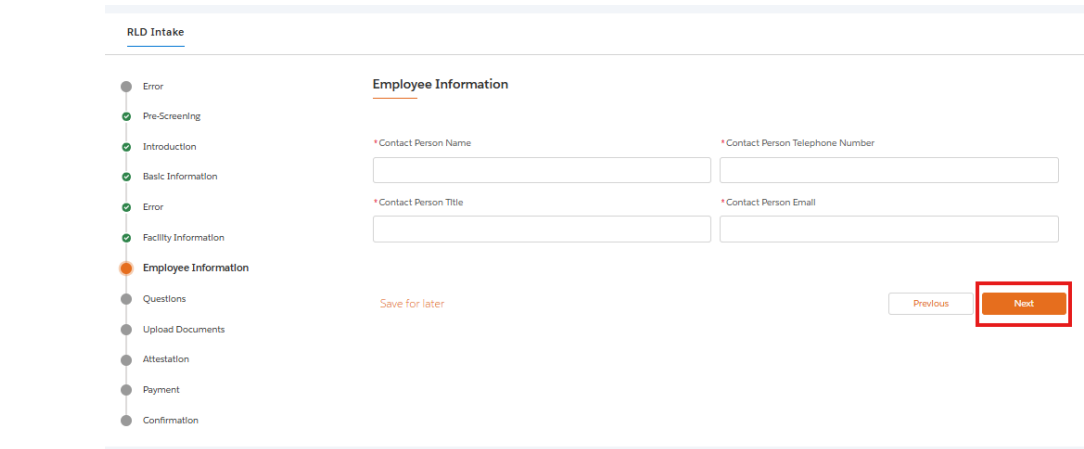
* Contact Person Title

* Contact Person Email

[Save for later](#)

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



RLD Intake

Employee Information

* Contact Person Name

* Contact Person Telephone Number

* Contact Person Title

* Contact Person Email

[Save for later](#)

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

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Questions

Ownership Information

* Is this a Change of Ownership application?

☐ Yes
☐ No

* Is the facility of suitable size and construction, with adequate lighting, environmental controls, quarantine, cleanlines, and pest control?

☐ Yes
☐ No

* Is the facility secure from unauthorized entry?

☐ Yes
☐ No

* Are (or will) all required licenses (or) publicly displayed or readily available?

☐ Yes
☐ No

* Is (or will) the most recent inspection report conducted by the Board (or) publicly displayed or readily available?

☐ Yes
☐ No

* Are (or will) inventories and records of all transactions regarding the receipt and distribution or other disposition of medical gas (or) established and maintained?

☐ Yes
☐ No

* Are (or will) all inventories and records (or) available for inspection and copying by board inspectors for a period of at least three (3) years?

☐ Yes
☐ No

* Does the licensee or applicant require each person employed in any medical gas related activity to have education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the medical gas quality, safety and security will at all times be maintained by law?

☐ Yes
☐ No

* Has the person or entity been convicted of any felony for conduct relating to manufacturing or distribution, any felony violation of Subsection (3) or (4) of section 301, or any felony violation of Section 1365 of the NM, United States Code, relating to product tampering?

☐ 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 (or 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

* Is all equipment present?

☐ Yes
☐ No

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

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☐ Yes
☐ No

* Are (or will) inventories and records of all transactions regarding the receipt and distribution or other disposition of medical gas (be) established and maintained?

☐ Yes
☐ No

* Are (or will) all inventories and records (be) available for inspection and copying by board inspectors for a period of at least three (3) years?

☐ Yes
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☐ Yes
☐ No

* Have the person or entity been convicted of any felony for conduct relating to manufacturing or distribution, any felony violation of Subsection (3) or (5) of section 301, or any felony violation of Section 1302 of the United States Code, relating to product tampering?

☐ Yes
☐ No

Have you (owner, officer, facility) been arrested, investigated, charged, convicted, sentenced, entered a plea of not guilty, 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 ☐ 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 Return in Facility in place, but no prescription drugs present?

☐ Yes
☐ No

* Are all construction been completed?

☐ Yes
☐ No

* Is all equipment present?

☐ Yes
☐ No

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

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

RLD Intake

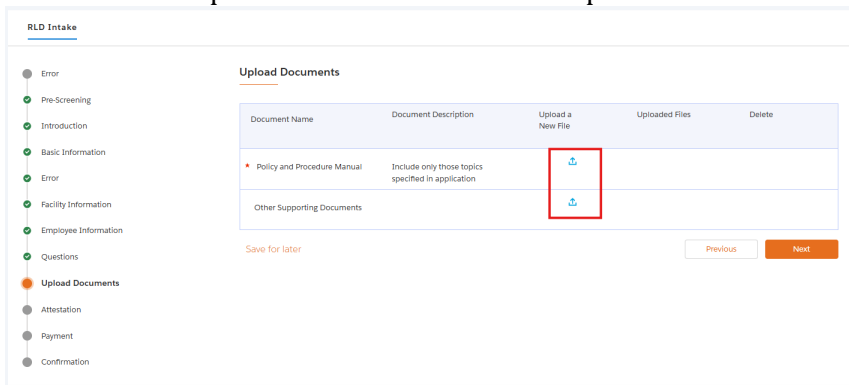
- Error
- Pre-Screening
- Introduction
- Basic Information
- Error
- Facility Information
- Employee Information
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- Upload Documents**
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
★ Policy and Procedure Manual	Include only those topics specified in application	Upload		
Other Supporting Documents		Upload		

[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
Policy and Procedure Manual	Include only those topics specified in application			
Other Supporting Documents				

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.

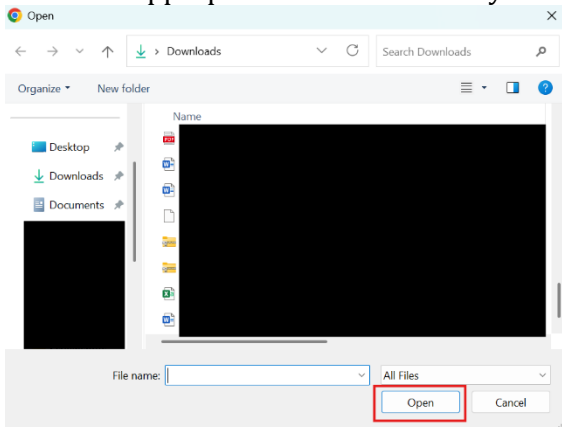
Note that:

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

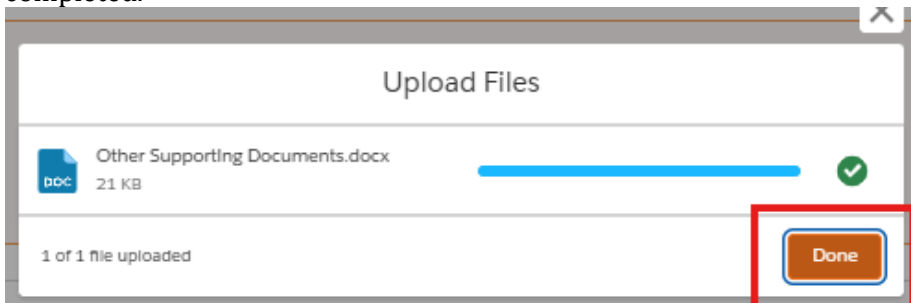
 Upload File

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.



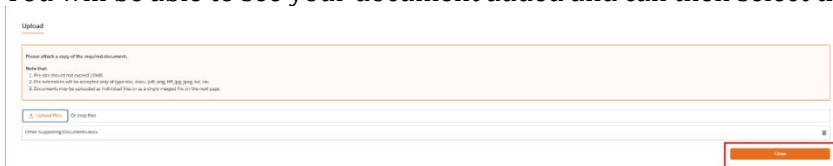
Upload Files

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.



Upload

Please attach a copy of the required document.

Note that:

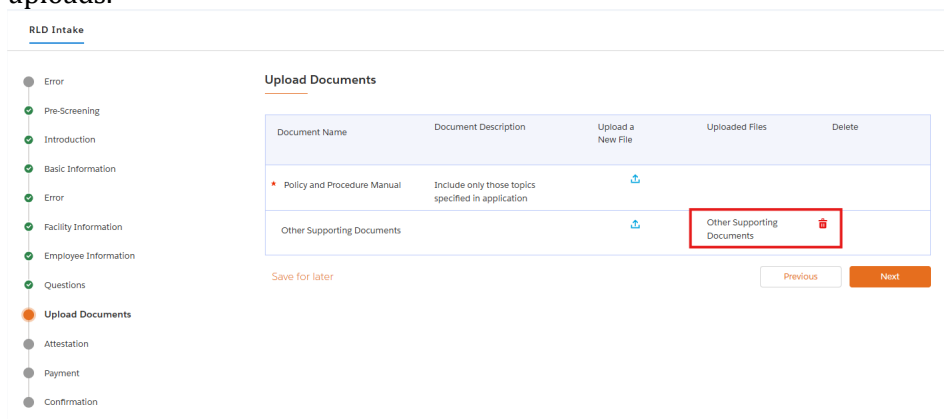
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 Upload File

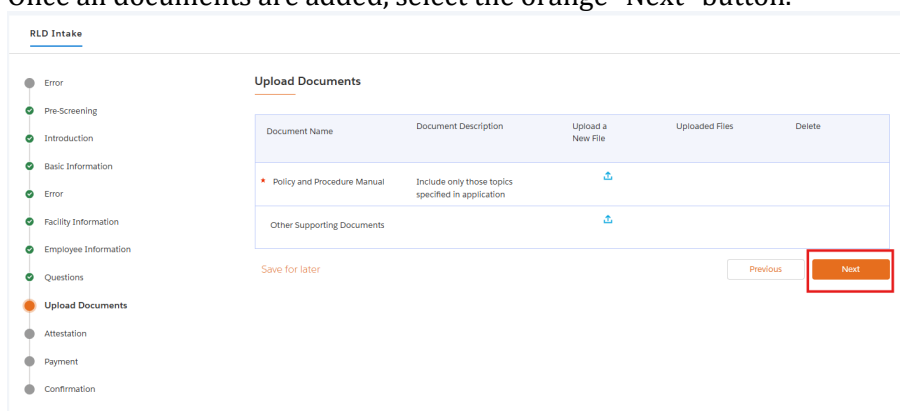
Other Supporting Documents

Close

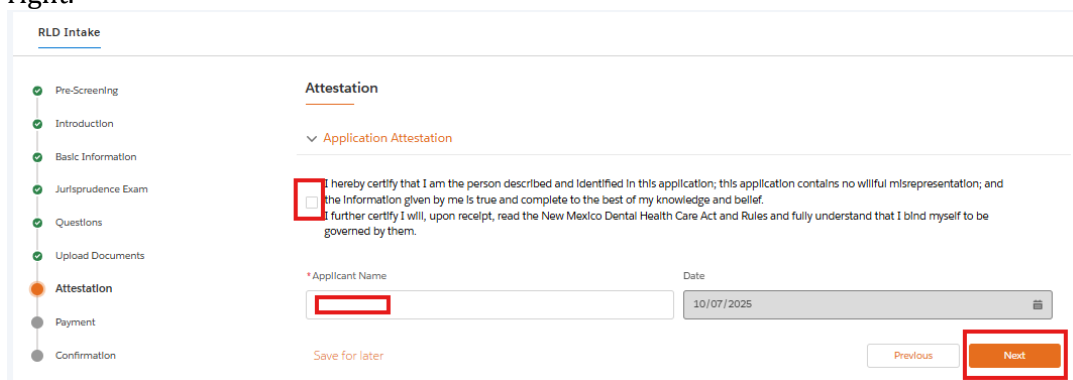
- f. You will be able to see the documents in each section once you have completed the uploads.



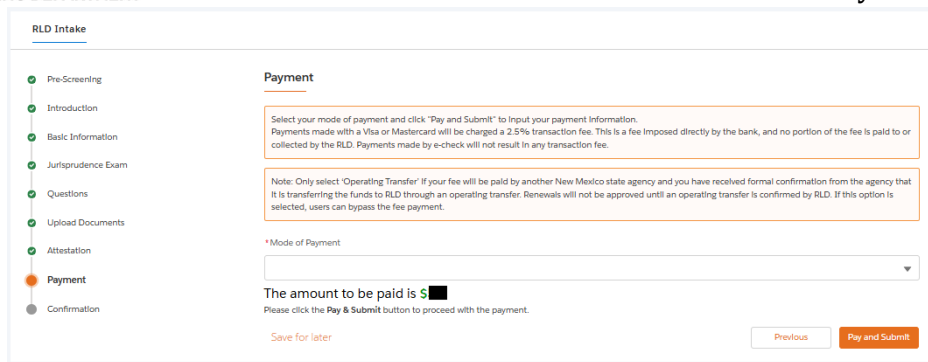
- g. Once all documents are added, select the orange “Next” button.



10. 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.



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



RLD Intake

Payment

Select your mode of payment and click "Pay and Submit" to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select "Operating Transfer" if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

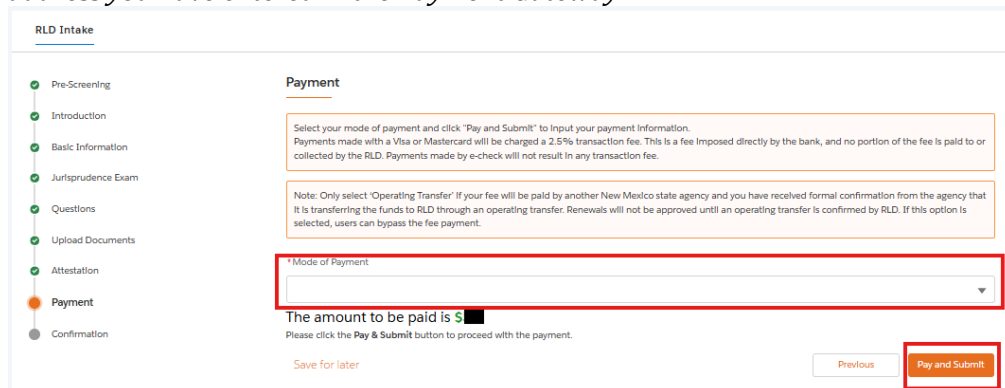
The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

- 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.



RLD Intake

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* Mode of Payment

The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

- 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

\$

12. 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

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Payment

Payment

You have completed the payment.

The amount paid is \$

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13. 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](#)