



Board of Pharmacy

Non Resident Sterile Pharmacy Application Manual

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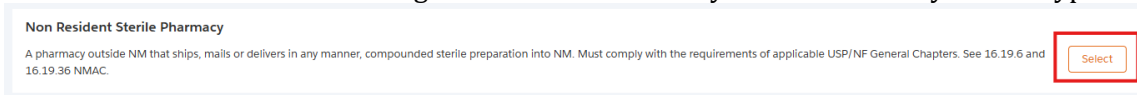
Application for Non Resident Sterile Pharmacy

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Board of Pharmacy Application Manual

Application for Non Resident Sterile Pharmacy

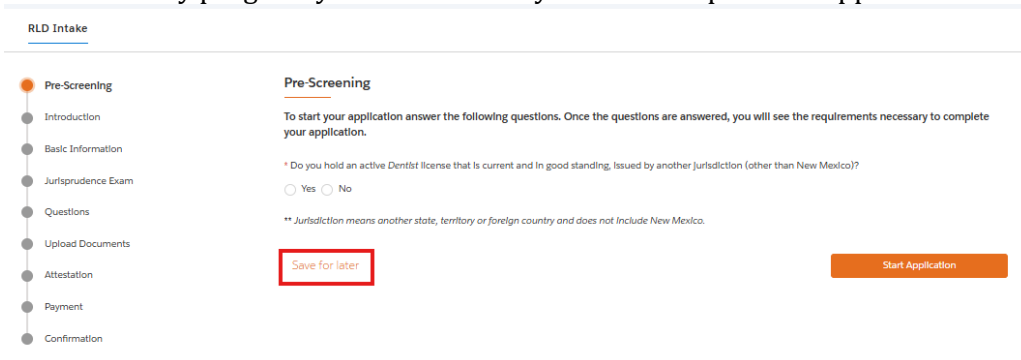
1. Click the “Select” button to the right of the Non Residency Sterile Pharmacy license type.



Non Resident Sterile Pharmacy
A pharmacy outside NM that ships, mails or delivers in any manner, compounded sterile preparation into NM. Must comply with the requirements of applicable USP/NF General Chapters. See 16.19.6 and 16.19.36 NMAC.

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

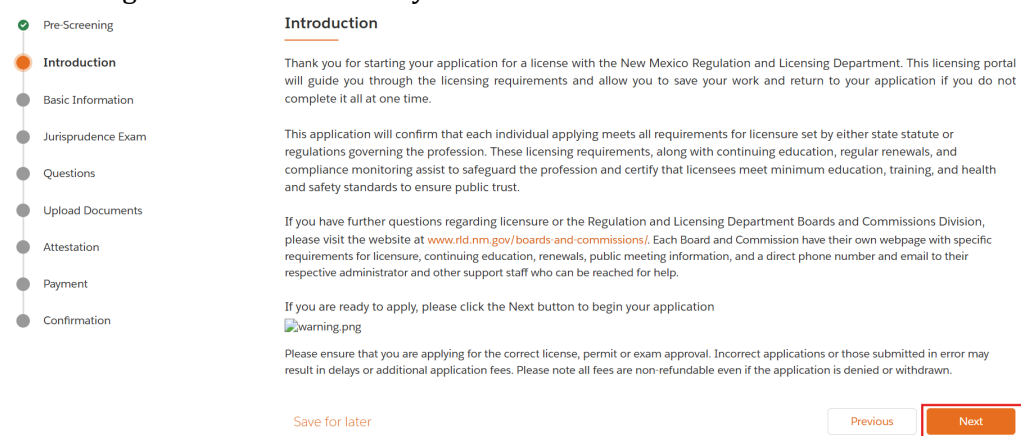
To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* 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.



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.

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

RLD Intake

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- Introduction
- Basic Information**
- Jurisprudence Exam
- Warning
- Questions
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- 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

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

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Basic Information

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*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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Basic Information

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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.

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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)

Cancel Save

iii. You will need to restart your application to ensure the updated data is listed. Return to “Step1: Select Non Resident 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

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

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 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

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

Save for later

6. 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

* Pharmacist in charge Name

* Pharmacist in charge License Number

* Pharmacist in charge Phone Number

Save for later

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

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- Confirmation

Employee Information

* Contact Person Name * Contact Person Telephone Number

* Contact Person Title * Contact Person Email

* 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.

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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

* What is the Resident State License Number? * What is the Resident State License Expiration Date?

* What is the name of a resident agent in New Mexico for service of process? * What is the address of a resident agent in New Mexico for service of process?

* What is the toll free number for New Mexico Residents?

* 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

Save for later

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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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Questions

* Is this a Change of Ownership application?

☐ Yes
☐ No

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

☐ Yes
☐ No

* What is the Resident State License Number? * What is the Resident State License Expiration Date?

* What is the name of a resident agent in New Mexico for service of process? * What is the address of a resident agent in New Mexico for service of process?

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

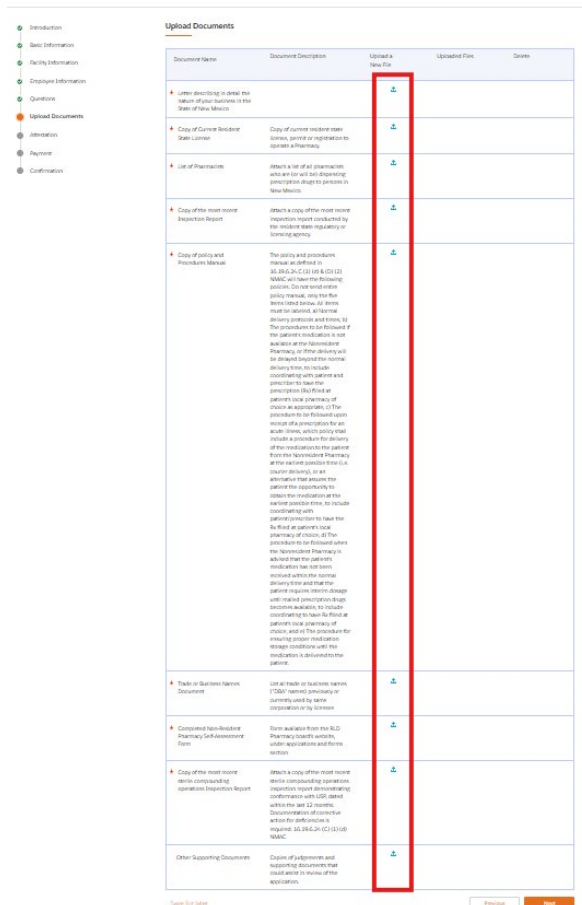
- Introduction
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- Upload Documents**
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Upload Documents

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				
* Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate a Pharmacy			
* List of Pharmacists	Attach a list of all pharmacists who are (or will be) dispensing prescription drugs to persons in New Mexico.			
* Copy of the most recent Inspection Report	Attach a copy of the most recent inspection report conducted by the resident state regulatory or licensing agency.			
* Copy of policy and Procedure Manual	The policy and procedure manual as defined in 36.29.6.2A.C (1) (f) & (d) (2) NMAC will have the following policies. Do not send entire policy manual, only the five items listed below. All items must be adopted, at Normal delivery protocol and times; ii) The procedure to be followed if the patient's medication is not available at the Nonresident Pharmacy or if no delivery will be delayed beyond the normal delivery time, to include coordinating with patient and prescriber to have the prescription (Rx) filled at patient's local pharmacy of choice as appropriate; c) The procedure to be followed upon receipt of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the Nonresident Pharmacy at the earliest possible time (i.e. courier delivery), or an alternative that assures the patient the opportunity to obtain the medication at the earliest possible time, to include coordinating with patient/prescriber to have the Rx filled at patient's local pharmacy of choice; d) The procedure to be followed when the Nonresident Pharmacy is advised that the patient's medication has not been included within the normal delivery time and that the patient requires interim dosage until mailed prescription drugs become available, to include coordinating to have Rx filled at patient's local pharmacy of choice; and e) The procedure for ensuring proper medication storage conditions until the medication is delivered to the patient.			
* Trade or Business Name Document	List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee			
* Completed Non-Resident Pharmacy Self-Assessment Form	Form available from the RLD Pharmacy board's website under applications and forms section			
* Copy of the most recent remote compounding operations Inspection Report	Attach a copy of the most recent remote compounding operations inspection report demonstrating conformance with USP, dated within the last 12 months. Documentation of corrective action for deficiencies is required. 36.29.6.2A.C (1) (d) (6) NMAC			
Other Supporting Documents	Copies of judgments and supporting documents that could assist in review of the application.			

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



Document Name	Document Description	Upload a New File	Uploaded File	Delete
Letter describing in detail the nature of your business in the State of New Mexico				
Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate in New Mexico			
List of Pharmacies	Attach a list of all pharmacies which are or will be dispensing prescription drugs for patients in New Mexico			
Copy of the most recent Inspection Report	Attach a copy of the most recent inspection report conducted by the resident state regulatory or licensing agency			
Copy of policy and Procedures Manual	The policy and procedures manual as defined in §§ 28A-9, 28A-10, 28A-11, 28A-12, 28A-13, 28A-14, 28A-15, 28A-16, 28A-17, 28A-18, 28A-19, 28A-20, 28A-21, 28A-22, 28A-23, 28A-24, 28A-25, 28A-26, 28A-27, 28A-28, 28A-29, 28A-30, 28A-31, 28A-32, 28A-33, 28A-34, 28A-35, 28A-36, 28A-37, 28A-38, 28A-39, 28A-40, 28A-41, 28A-42, 28A-43, 28A-44, 28A-45, 28A-46, 28A-47, 28A-48, 28A-49, 28A-50, 28A-51, 28A-52, 28A-53, 28A-54, 28A-55, 28A-56, 28A-57, 28A-58, 28A-59, 28A-60, 28A-61, 28A-62, 28A-63, 28A-64, 28A-65, 28A-66, 28A-67, 28A-68, 28A-69, 28A-70, 28A-71, 28A-72, 28A-73, 28A-74, 28A-75, 28A-76, 28A-77, 28A-78, 28A-79, 28A-80, 28A-81, 28A-82, 28A-83, 28A-84, 28A-85, 28A-86, 28A-87, 28A-88, 28A-89, 28A-90, 28A-91, 28A-92, 28A-93, 28A-94, 28A-95, 28A-96, 28A-97, 28A-98, 28A-99, 28A-100, 28A-101, 28A-102, 28A-103, 28A-104, 28A-105, 28A-106, 28A-107, 28A-108, 28A-109, 28A-110, 28A-111, 28A-112, 28A-113, 28A-114, 28A-115, 28A-116, 28A-117, 28A-118, 28A-119, 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- b. Review the document size and type requirements before uploading, then select the Upload File button.



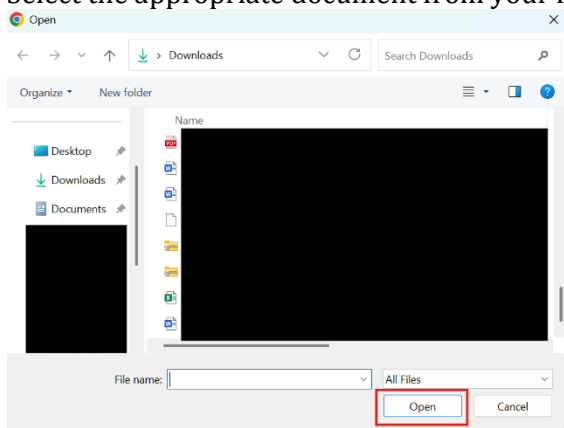
Please attach a copy of the required document.

Note that:

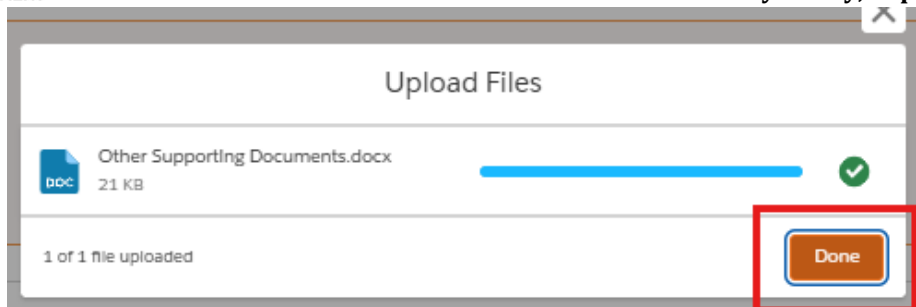
1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, ttf, zip, jpeg, jpg, xls.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

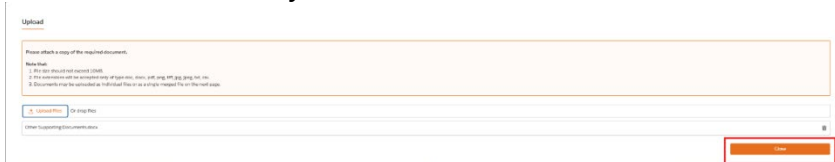
- c. Select the appropriate document from your files and then select "Open"



- 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.

- 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
* Letter describing in detail the nature of your business in the State of New Mexico				
* Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate a Pharmacy			
* List of Pharmacies	Attach a list of all pharmacies who are (or will be) dispensing prescription drugs to persons in New Mexico.			
* Copy of the most recent Inspection Report	Attach a copy of the most recent inspection report conducted by the resident state regulatory or licensing agency.			
* Copy of policy and Procedures Manual	The policy and procedures manual as defined in 16.29.6.26.C (1) (i) & (2) (2) NMBC will have the following policies. Do not send entire policy manual, only the full items listed below. All items must be included. a) Normal delivery protocols and times, b) The procedure to be followed if the patient's medication is not available at the Nonresident Pharmacy, or if the delivery will be delayed beyond the normal delivery time, to include coordinating with patient and prescriber to have the prescription (Rx) filled at patient's local pharmacy of choice as appropriate, c) The procedure to be followed upon receipt of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the Nonresident Pharmacy at the earliest possible time (i.e. courier delivery), or an alternative that assumes the patient the opportunity to obtain the medication at the earliest possible time, to include coordinating with patient/prescriber to have the Rx filled at patient's local pharmacy of choice, d) The procedure to be followed when the Nonresident Pharmacy is advised that the patient's medication has not been received within the normal delivery time and that the patient requires interim dosage until needed prescription drugs become available, to include coordinating to have Rx filled at patient's local pharmacy of choice, and e) The procedure for ensuring proper medication storage conditions until the medication is delivered to the patient.			
* Trade or Business Name Document	List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee.			
* Completed Non-Resident Pharmacy Self-Assessment Form	Form available from the RLD Pharmacy board's website under applications and forms section			
* Copy of the most recent sterile compounding operations Inspection Report	Attach a copy of the most recent sterile compounding operations inspection report demonstrating conformance with USP, dated within the last 12 months. Documentation of corrective action for deficiencies is required. 16.29.6.26.C (1) (d) NMBC			
Other Supporting Documents	Copies of judgments and supporting documents that could weigh in review of the application.		Other Supporting Documents	

Save for Later
Previous
Next

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

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				
Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate a Pharmacy			
List of Pharmacies	Attach a list of all pharmacies who are (or will be) dispensing prescription drugs to persons in New Mexico.			
Copy of the most recent Inspection Report	Attach a copy of the most recent inspection report conducted by the resident state regulatory or licensing agency.			
Copy of policy and procedure manual	The policy and procedure manual as defined in §5-29-6-26-27 (1) (A) & (2) NMAC will have the following policies. Documented written policy manual, only the full terms listed below. All terms must be adopted, all normal delivery protocols and times, (2) The procedure to be followed if the patient's medication is not available at the Nonresident Pharmacy, or if the delivery will be delayed beyond the normal delivery time, to include coordinating with patient and prescriber to have the prescription (Rx) filled at patient's local pharmacy of choice as appropriate, (3) The procedure to be followed upon receipt of a prescription for an acute illness, which policy must include a procedure for delivery of the medication to the patient at the earliest possible time (i.e. courier delivery), or an alternative that allows the patient the opportunity to obtain the medication at the earliest possible time, to include coordinating with patient/prescriber to have the Rx filled at patient's local pharmacy of choice, (4) The procedure to be followed when the Nonresident Pharmacy is advised that the patient's medication has not been received within the normal delivery time and that the patient requires additional dosage until needed prescription drugs become available, to include coordinating to have the Rx filled at patient's local pharmacy of choice, and (5) The procedure for ensuring proper medication storage conditions with the medication is delivered to the patient.			
Trade or Business Name Document	List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee			
Completed Nonresident Pharmacy Self-Assessment Form	Form evaluation from the RLD Pharmacy (assess) section, under applications and forms section			
Copy of the most recent state compounding operations inspection report demonstrating conformance with USP dated within the last 12 months	Attach a copy of the most recent state compounding operations inspection report demonstrating conformance with USP dated within the last 12 months. Documentation of corrective action for deficiencies is required. §5-29-6-26 (C) (1) (4) NMAC			
Other Supporting Documents	Copies of judgments and supporting documents that could affect or mislead 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

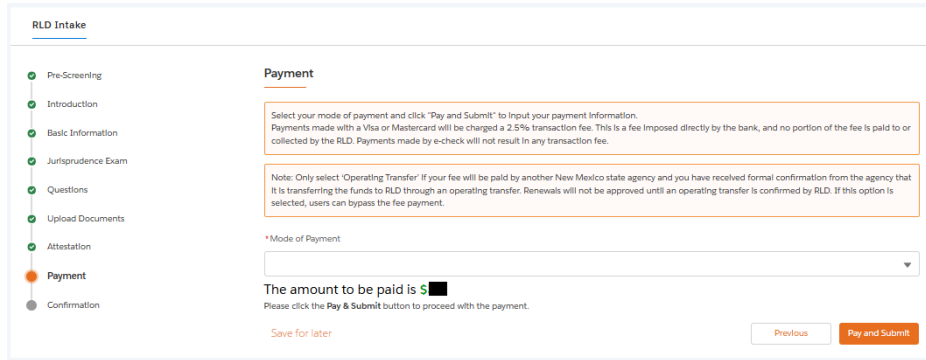
☐ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

☐ 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.



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

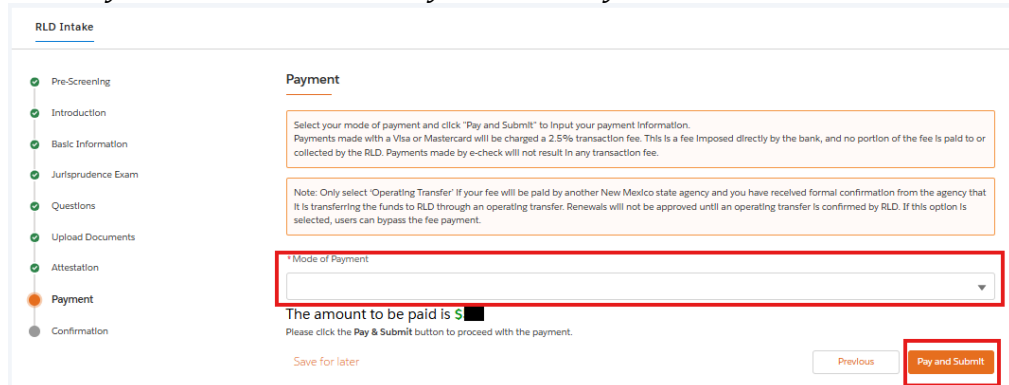
The amount to be paid is \$

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

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](#)

- 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](#)