



Board of Pharmacy

Nursing Home Application Manual

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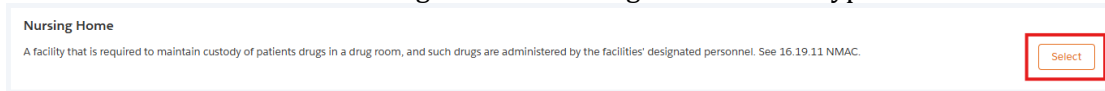
Application for Nursing Home

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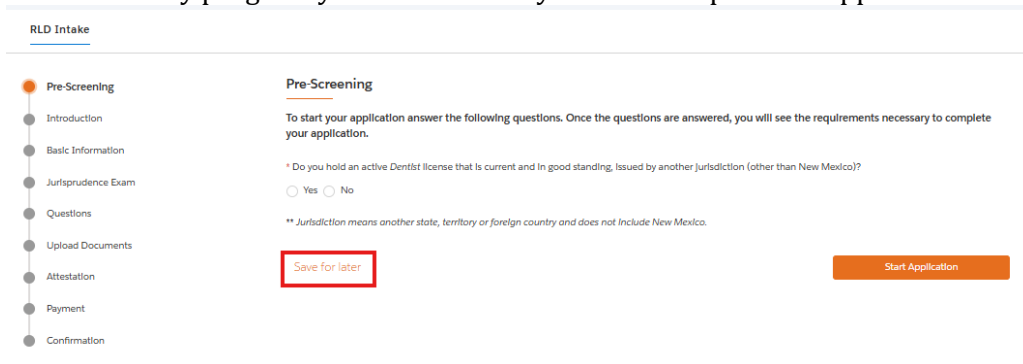
Board of Pharmacy Application Manual

Application for Nursing Home

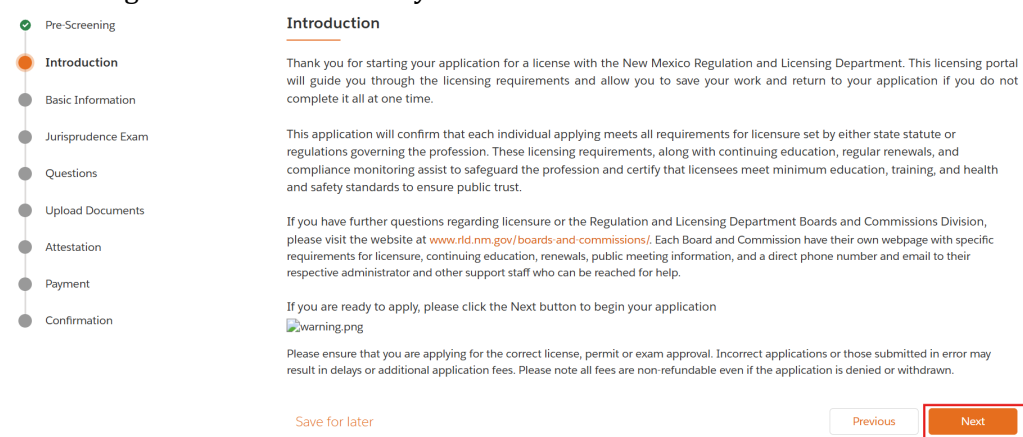
1. Click the “Select” button to the right of the Nursing Home license type.



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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*Mailing Street

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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 Nursing Home 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

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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.

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

* State

* Country

* City

* Zip Code

Title

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

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* Business Name

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* 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

✓ Facility Physical Address

* Street

* City

* Zip

* State

* Country

✓ Facility Mailing Address

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

* Street

* City

* Zip

* State

* Country

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

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

Save for later

Previous Next

- a. 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

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

* Does this facility have a NM DOH Operator Permit Number?

☐ 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

[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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☐ Yes
☐ No

* Does this facility have a NM DOH Operator Permit Number?

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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

[Save for later](#)

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

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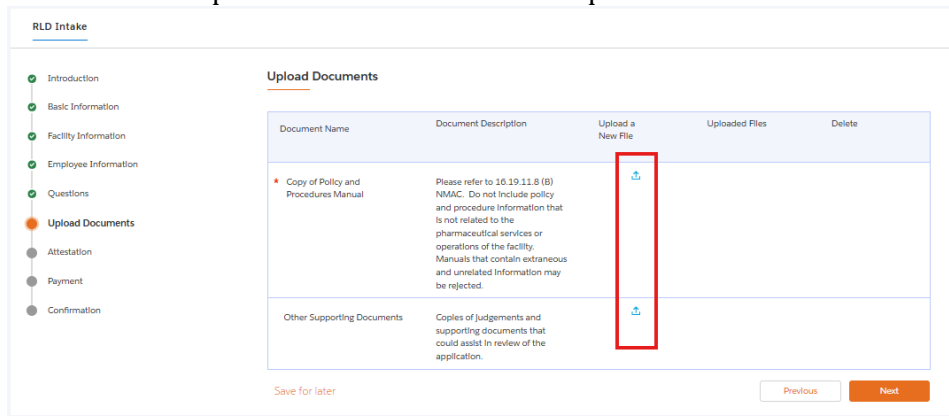
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Copy of Policy and Procedures Manual	Please refer to 16.19.11.8 (B) NMAC. Do not include policy and procedure information that is not related to the pharmaceutical services or operations of the facility. Manuals that contain extraneous and unrelated information may be rejected.	Upload a New File		
Other Supporting Documents	Copies of Judgements and supporting documents that could assist in review of the application.	Upload a New File		

[Save for later](#)

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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 Files	Delete
* Copy of Policy and Procedures Manual	Please refer to 16.19.11.8 (B) NMAC. Do not include policy and procedure information that is not related to the pharmaceutical services or operations of the facility. Manuals that contain extraneous and unrelated information may be rejected.			
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.

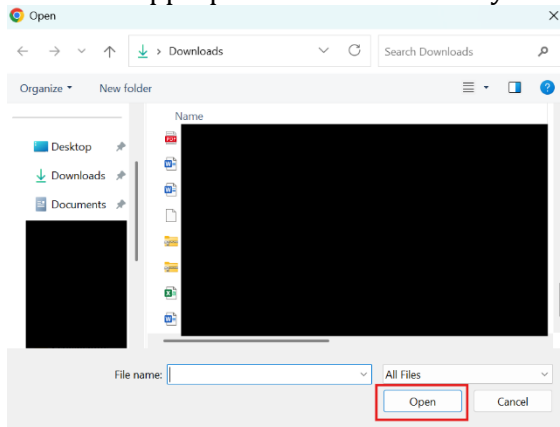
Note that:

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.

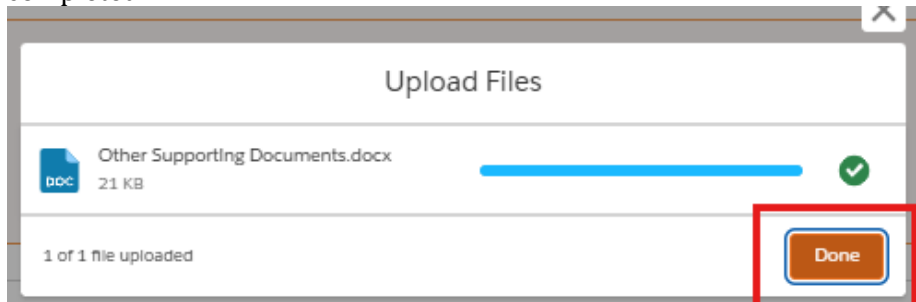
 

Close

- 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 ✓

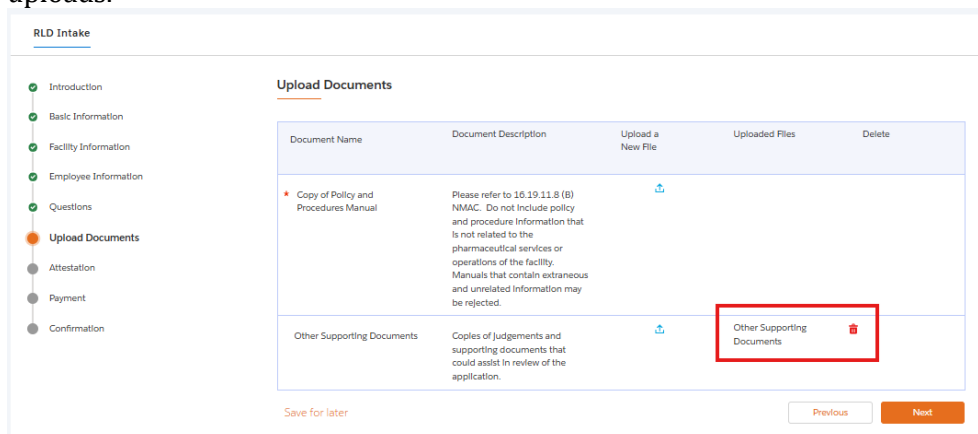
1 of 1 file uploaded

Done

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

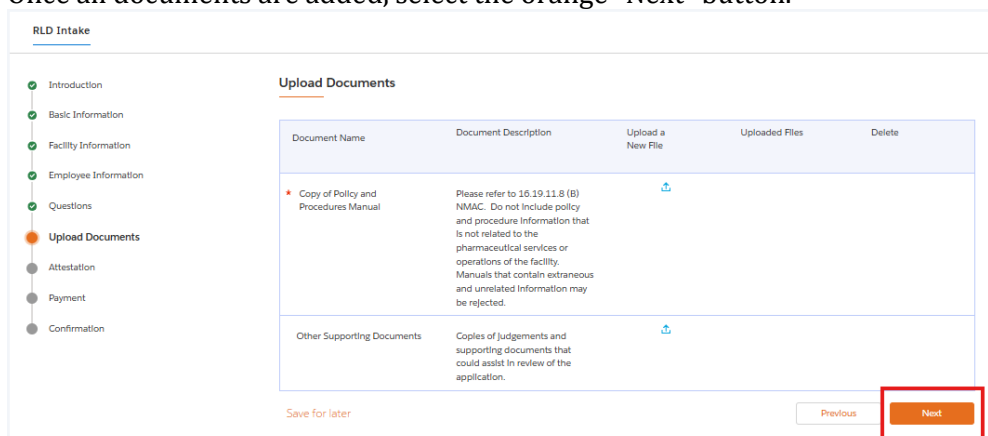


- f. You will be able to see the documents in each section once you have completed the uploads.

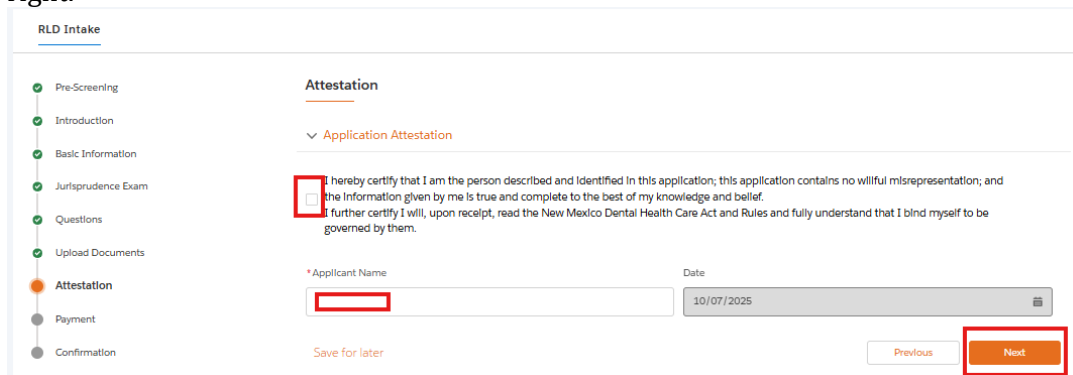


Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Copy of Policy and Procedures Manual	Please refer to 16.19.11.8 (B) NMALC. Do not include policy and procedure information that is not related to the pharmaceutical services or operations of the facility. Manuals that contain extraneous and unrelated information may be rejected.			
Other Supporting Documents	Copies of Judgements and supporting documents that could assist in review of the application.		Other Supporting Documents	

- 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.



Attestation

Application Attestation

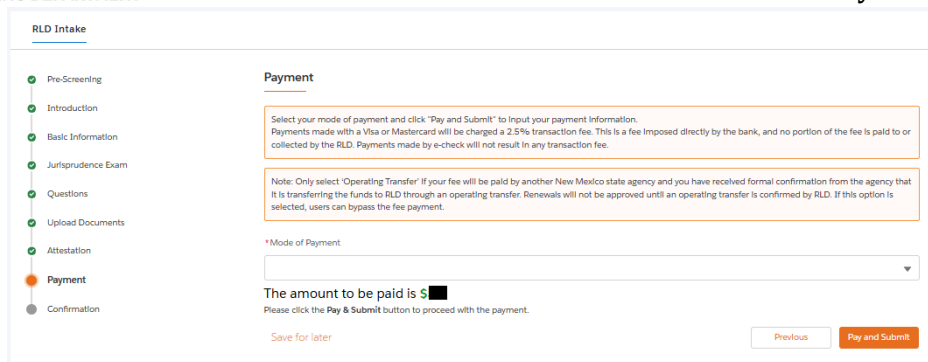
☐ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

☐ 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:

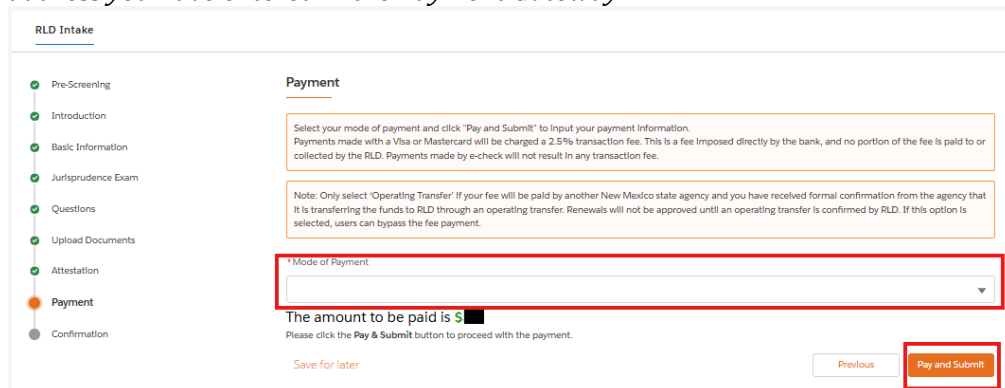
Date: 10/07/2025

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

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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](#)