



Board of Pharmacy

Pharmacist Clinician Application Manual

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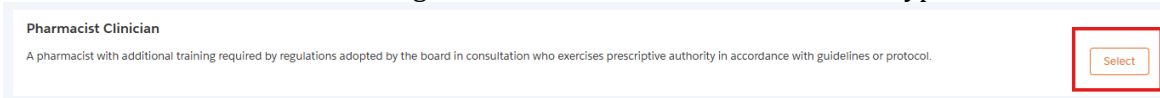
Application for Pharmacist Clinician

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Board of Pharmacy Application Manual

Application for Pharmacist Clinician

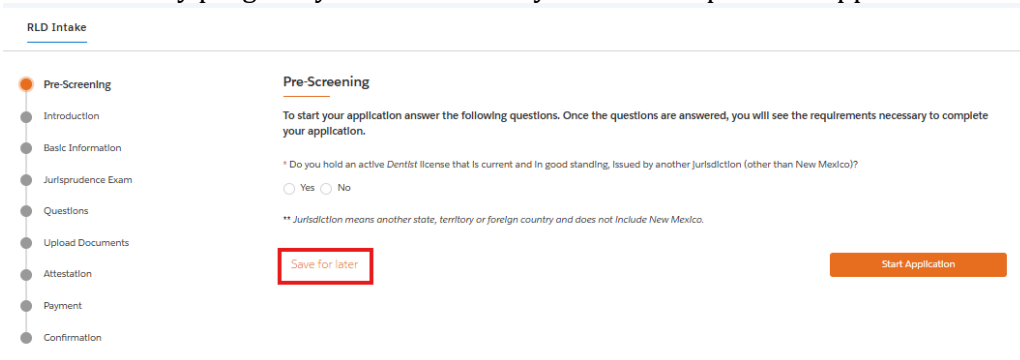
1. Click the “Select” button to the right of the Pharmacist Clinician license type.



Pharmacist Clinician
A pharmacist with additional training required by regulations adopted by the board in consultation who exercises prescriptive authority in accordance with guidelines or protocol.

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)?

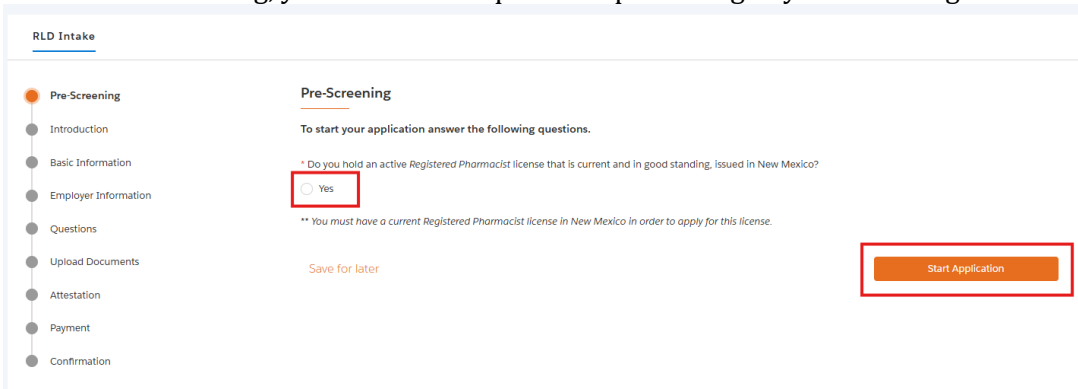
☐ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later

Start Application

3. On the Pre-Screening, you will answer questions pertaining to your licensing status.



RLD Intake

Pre-Screening

To start your application answer the following questions.

* Do you hold an active Registered Pharmacist license that is current and in good standing, issued in New Mexico?

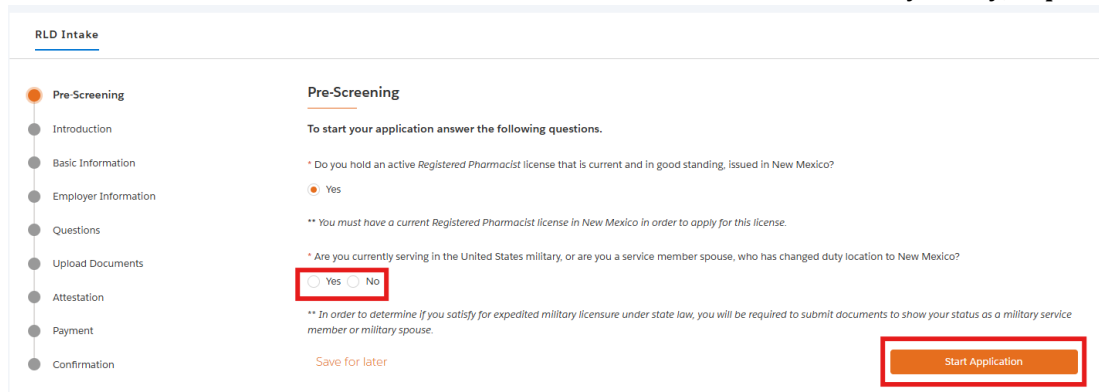
☐ Yes

** You must have a current Registered Pharmacist license in New Mexico in order to apply for this license.

Save for later

Start Application

- a. You will be prompted with another question regarding your **Military Status**. If you have any Military associations matching the question, select the “Yes” radio button. Otherwise, you can select “No”. You may then proceed using the “Start Application” button.



RLD Intake

Pre-Screening

To start your application answer the following questions.

* Do you hold an active Registered Pharmacist license that is current and in good standing, issued in New Mexico?

☒ Yes

** You must have a current Registered Pharmacist license in New Mexico in order to apply for this license.

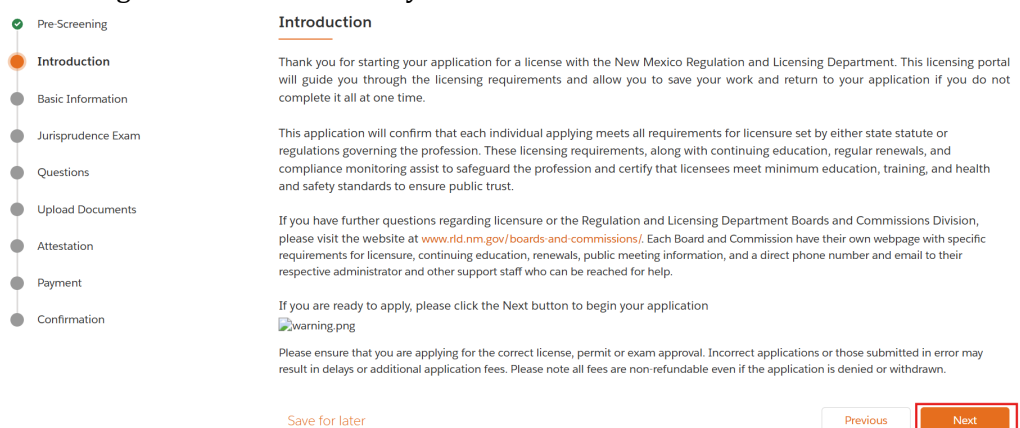
* Are you currently serving in the United States military, or are you a service member spouse, who has changed duty location to New Mexico?

☐ Yes ☐ No

** In order to determine if you satisfy for expedited military licensure under state law, you will be required to submit documents to show your status as a military service member or military spouse.

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

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

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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

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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

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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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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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

- 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 Pharmacist Clinician Application” to continue.

6. On the Employer Information page, fill in all required fields with the most recent and accurate information.

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Employer Information

* Employer Name * Employer Phone Number

▼ **Work Address**

* Street * City

* State County

* Zip Code * Country

- a. To complete the Employer Information page, select the “Next” button right of the page.

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Employer Information

* Employer Name * Employer Phone Number

✓ Work Address

* Street * City

* State County

* Zip Code * Country

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

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Questions

* Have you ever been charged or arrested for an alleged felony or misdemeanor (other than minor traffic offenses) ?
☐ Yes
☐ No

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by any professional licensing authority ?
☐ Yes
☐ No

* Are you seeking Prescriptive Authority?
☐ Yes
☐ No

* I certify that I have proof of completion of 60 hour board approved physical assessment course?
☐ Yes

* Specify the number of patient encounters in log you will upload (must be initialized and completed within 2 years of the application)

Please note that regulation indicates at least 150 hours of patient encounters and your application may be denied if you have anything less than that.

* Specify the number of contact hours in log you will upload (For encounters initialized and completed within 2 years of the application)

Please note that regulation indicates at least 300 hours of contact hours and your application may be denied if you have anything less than that.

Save for later Previous **Next**

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

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Questions

* Have you ever been charged or arrested for an alleged felony or misdemeanor (other than minor traffic offenses) ?

☐ Yes
☐ No

* Have you ever had any disciplinary actions, or do you have any pending actions, or have you ever been investigated by any professional licensing authority ?

☐ Yes
☐ No

* Are you seeking Prescriptive Authority?

☐ Yes
☐ No

* I certify that I have proof of completion of 60 hour board approved physical assessment course?

☐ Yes

* Specify the number of patient encounters in log you will upload (must be initialized and completed within 2 years of the application)

Please note that regulation indicates at least 150 hours of patient encounters and your application may be denied if you have anything less than that.

* Specify the number of contact hours in log you will upload (For encounters initialized and completed within 2 years of the application)

Please note that regulation indicates at least 300 hours of contact hours and your application may be denied if you have anything less than that.

Save for later Previous **Next**

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

RLD Intake

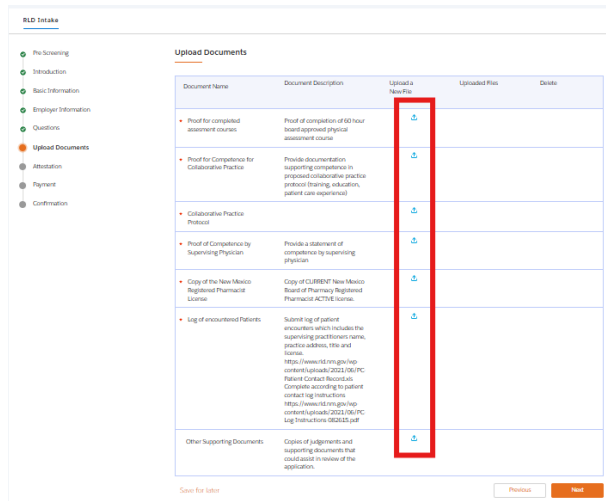
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Proof for completed assessment courses	Proof of completion of 60 hour board approved physical assessment course			
* Proof for Competence for Collaborative Practice	Provide documentation supporting competence in proposed collaborative practice protocol (training, education, patient care experience)			
* Collaborative Practice Protocol				
* Proof of Competence by Supervising Physician	Provide a statement of competence by supervising physician			
* Copy of the New Mexico Registered Pharmacist License	Copy of CURRENT New Mexico Board of Pharmacy Registered Pharmacist ACTIVE license.			
* Log of encountered Patients	Submit log of patient encounters which includes the supervising practitioners name, practice address, title and license. https://www.rld.nm.gov/wp-content/uploads/2021/06/PC-Patient-Contact-Records-Log-Instructions-082615.pdf			
Other Supporting Documents	Copies of judgments 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 File	Delete
• Proof for completed assessment courses	Proof of completion of 60-hour board-approved physical assessment course			
• Proof for Completion for Collaborative Practice	Provide documentation supporting competence in proposed collaborative practice protocol (training, education, patient care experience)			
• Collaborative Practice Protocol				
• Proof of Competency by Supervising Physician	Provide a statement of competency by supervising physician			
• Copy of the New Mexico Registered Pharmacist License	Copy of CURRENT New Mexico Board of Pharmacy Registered Pharmacist ACTIVE license			
• Log of encountered Patients	Submit log of patient encounters which includes the supervising practitioner's name, practice address, title and license. https://www.rld.nm.gov/help-content/uploads/2022/10/16/PC-Patient-Contact-Records-Complete-according-to-patient-encounter-log-instructions.pdf			
Other Supporting Documents	Copies of judgments and supporting documents that could assist in review of the application			

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



Upload

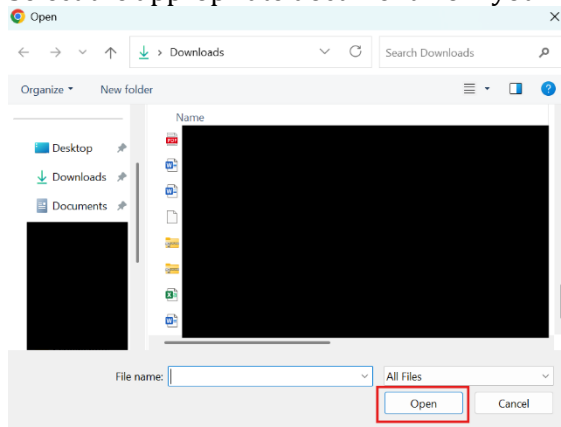
Please attach a copy of the required document.

Note:

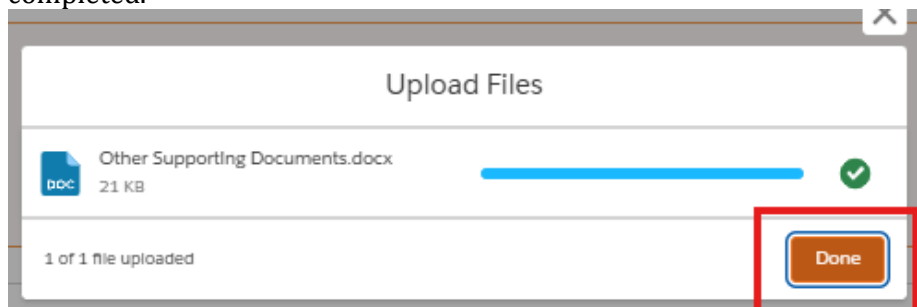
- 1. File size should not exceed 20MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, xls, xlsx.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

Upload File

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



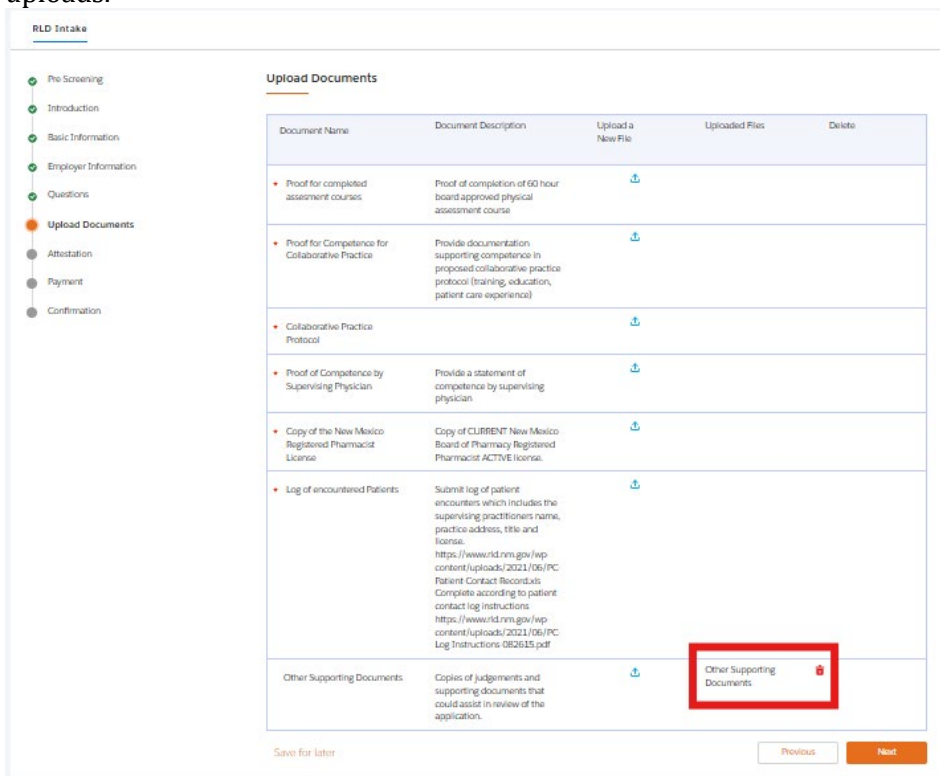
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



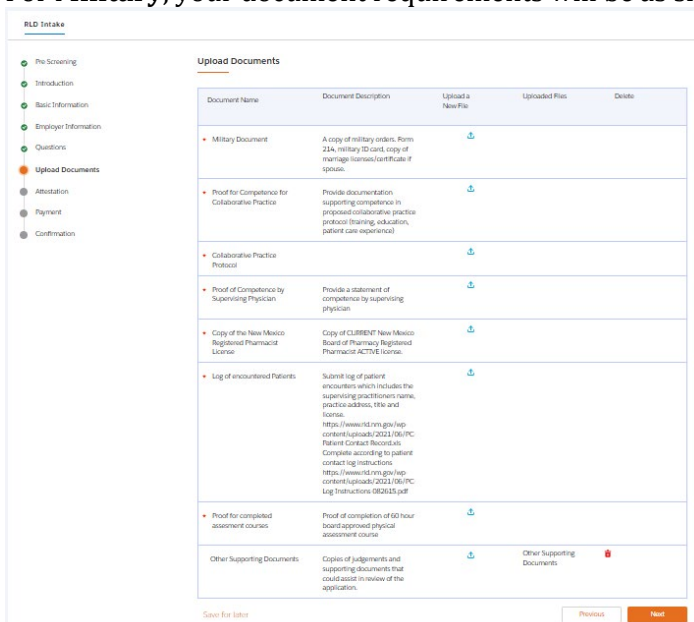
- e. You will be able to see your document added and can then select the “Close” option.



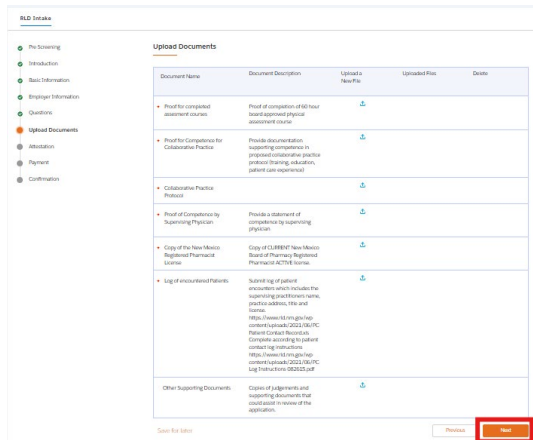
- f. You will be able to see the documents in each section once you have completed the uploads.



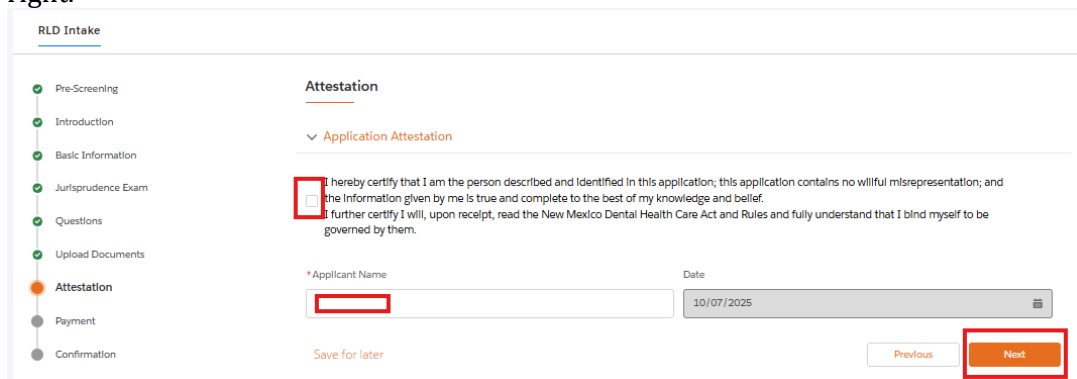
- g. For **Military**, your document requirements will be as shown in the image below.



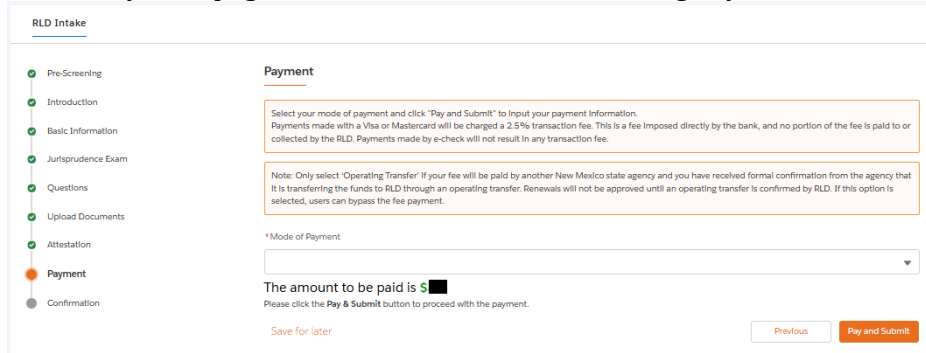
- h. Once all documents are added, select the orange “Next” button.



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.

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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 \$ [REDACTED]

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

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

- 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 *

[Cancel Order](#)

[Next](#)

Your Order

Total amount \$ [REDACTED]

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 [REDACTED]
PAR-0000 [REDACTED]

RLD Intake View

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Payment

You have completed the payment.
The amount paid is \$ [REDACTED]

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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](#)