



Board of Pharmacy

Pharmacy Technician Application Manual

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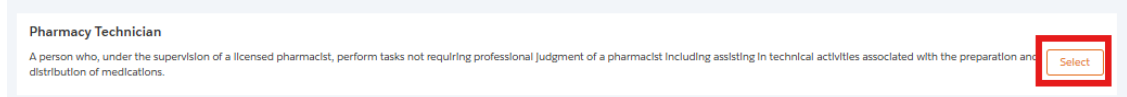
Application for Pharmacy Technician

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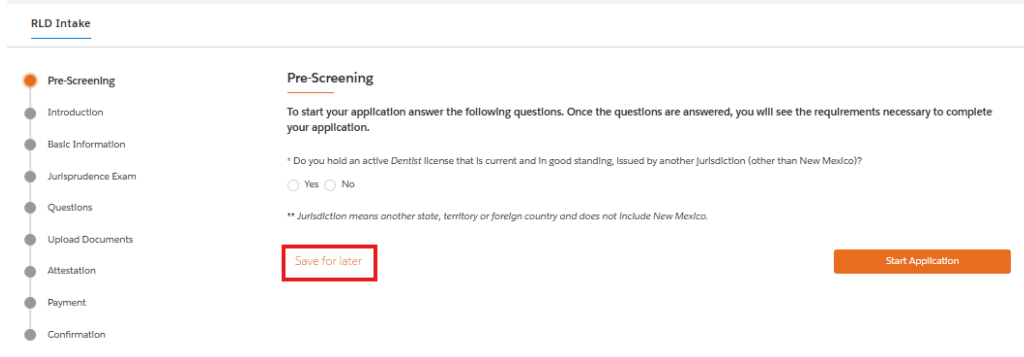
Board of Pharmacy Application Manual

Application for Pharmacy Technician

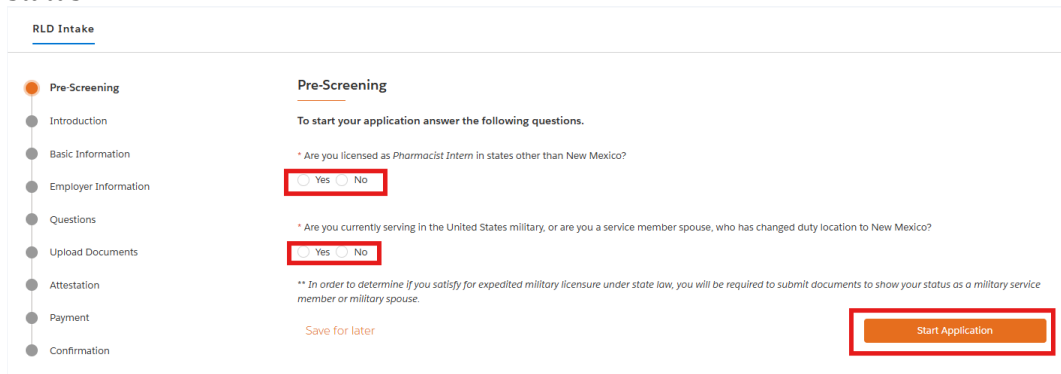
1. Click the “Select” button to the right of the Pharmacy Technician license type.



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, you will answer questions pertaining to your reciprocity and Military status.



- a. If you do hold a Pharmacy license outside of New Mexico and select “Yes”, 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.

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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 Dental Hygienist 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.

* Are you a military service member, veteran, or the spouse of a person who is serving in the United States, a surviving spouse of a military service member who at the time of the member's death was serving on active duty, or a qualifying child/dependent of a military service member?

☐ Yes ☒ No

** Military service member means a person who is:

- serving in the armed forces of the United States as an active-duty member, or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, or a surviving spouse of a member who at the time of the member's death was serving on active duty; or
- the child of a military service member if the child is also a dependent of that person for federal income tax purposes; and

Veteran means a person who has received an honorable discharge or separation from military service.

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.

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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.

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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

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

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

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Basic 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

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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

SSN

Mailing Address

* Mailing Street

* City State / Province

Country * Zip Code Country (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 Pharmacy Technician Application” to continue.

6. On the Employer Information page, fill in all required fields with the most recent and accurate information. Select the “Next” button on the bottom right to complete the page.

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Employer Information

* Employer Name * Employer Phone Number

Work Address

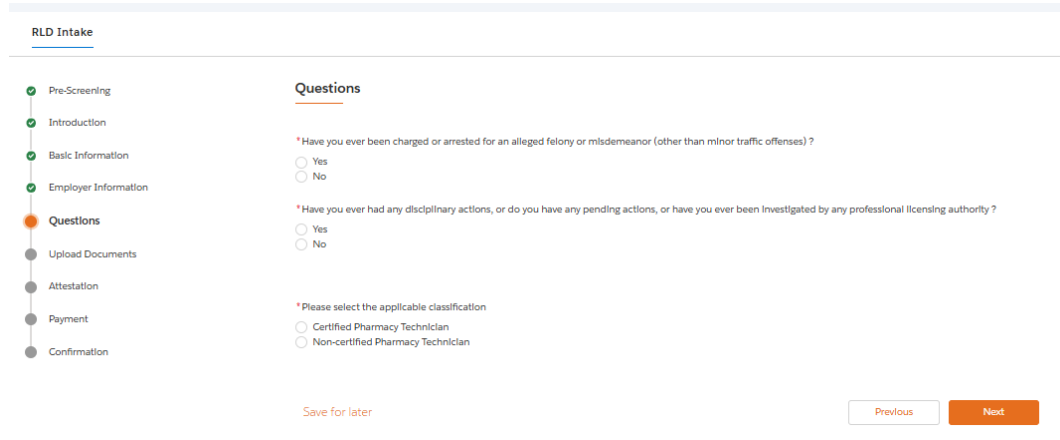
* Street * City

* State County

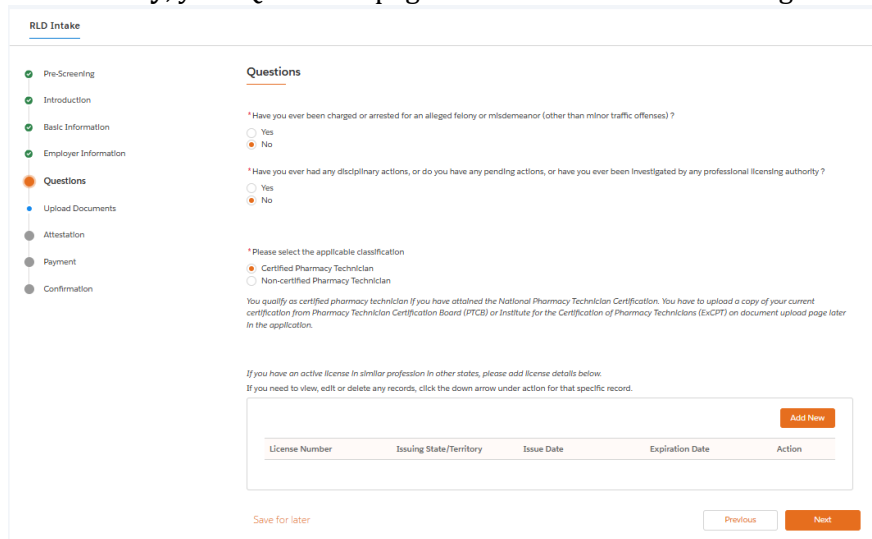
* Zip Code * Country

Save for later Previous Next

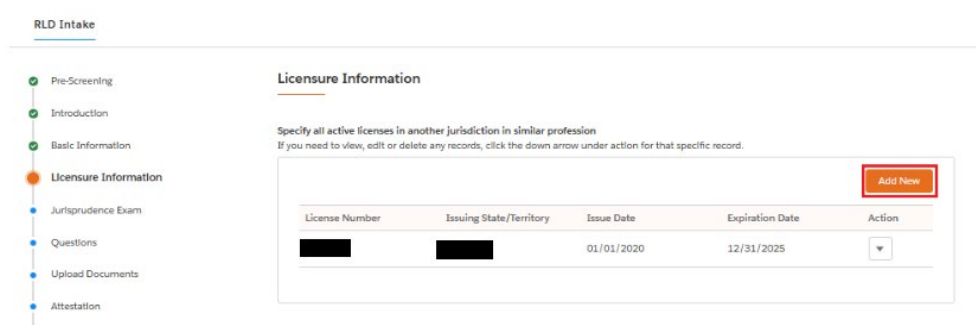
7. On the Questions page, please answer all questions accurately with the most recent information.



a. For **Military**, your Questions page will be as shown in the image below.

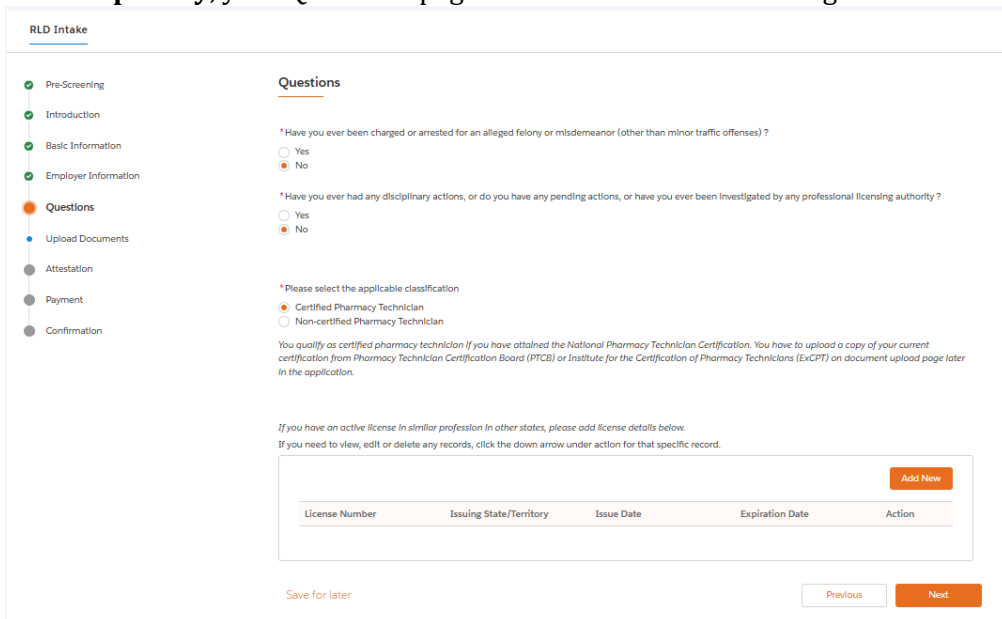


i. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

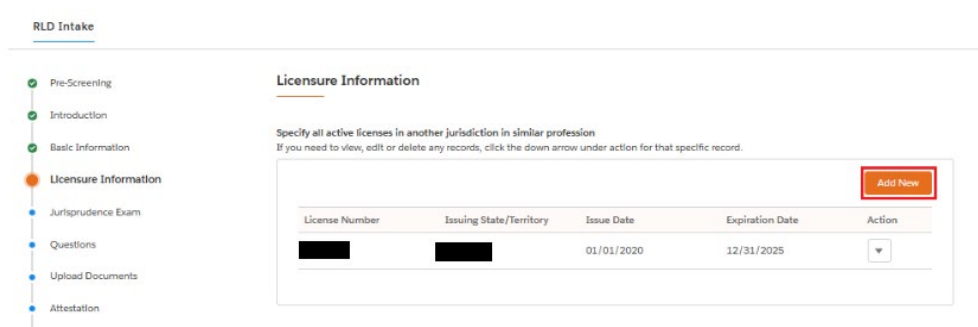


ii. In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is mm/dd/yyyy. Once your information is entered, select “**Save**”.

b. For **Reciprocity**, your Questions page will be as shown in the image below.



i. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.



ii. In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is mm/dd/yyyy. Once your information is entered, select “**Save**”.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

State Licenses

* License Number

* Issuing State/Territory

* Issue Date

* Expiration Date

- c. 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

* Please select the applicable classification
☐ Certified Pharmacy Technician
☐ Non-certified Pharmacy Technician

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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
* Pharmacy Technician National Certification	Submit a copy of your current certification from Pharmacy Technician Certification Board (PTCB) or Institute for the Certification of Pharmacy Technicians (ExCPT).			
Other Supporting Documents	Copies of Judgements 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.

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Upload Documents

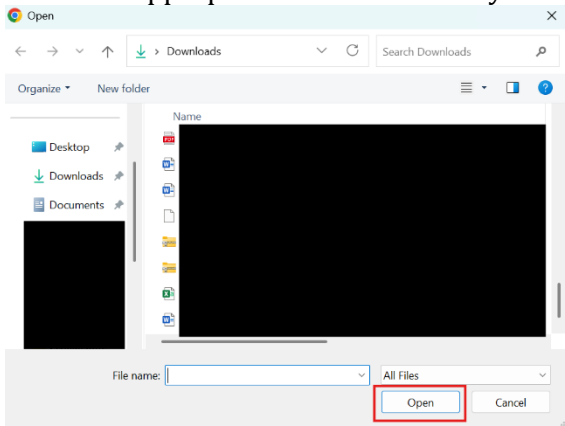
Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Pharmacy Technician National Certification	Submit a copy of your current certification from Pharmacy Technician Certification Board (PTCB) or Institute for the Certification of Pharmacy Technicians (ExCPT).			
Other Supporting Documents	Copies of Judgements and supporting documents that could assist in review of the application.			

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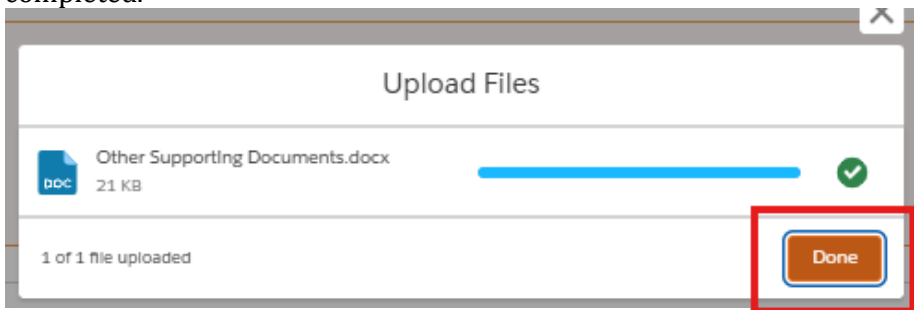
- b. Review the document size and type requirements before uploading, then select the Upload File button.



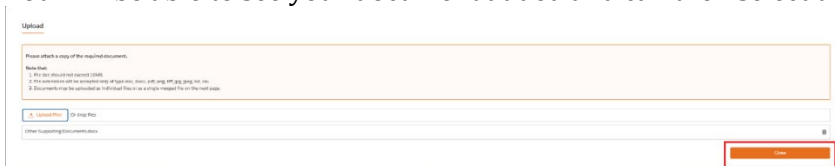
- c. Select the appropriate document from your files and then select "Open"



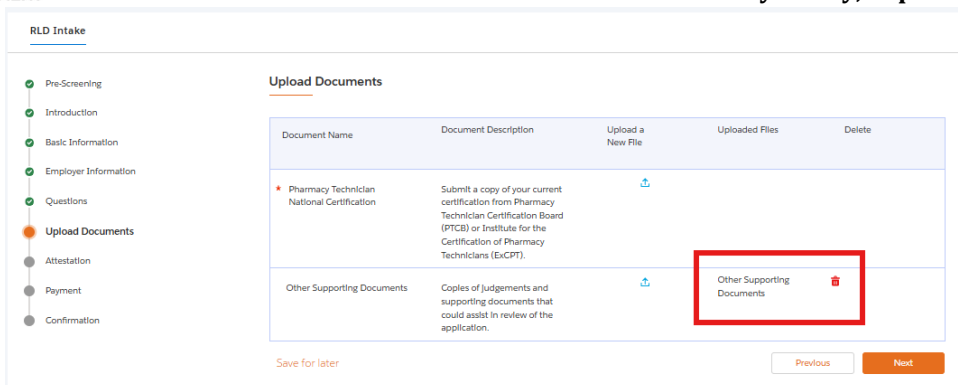
- d. The file will notify you when it's completed. Select the "Done" button when it's completed.



- 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.



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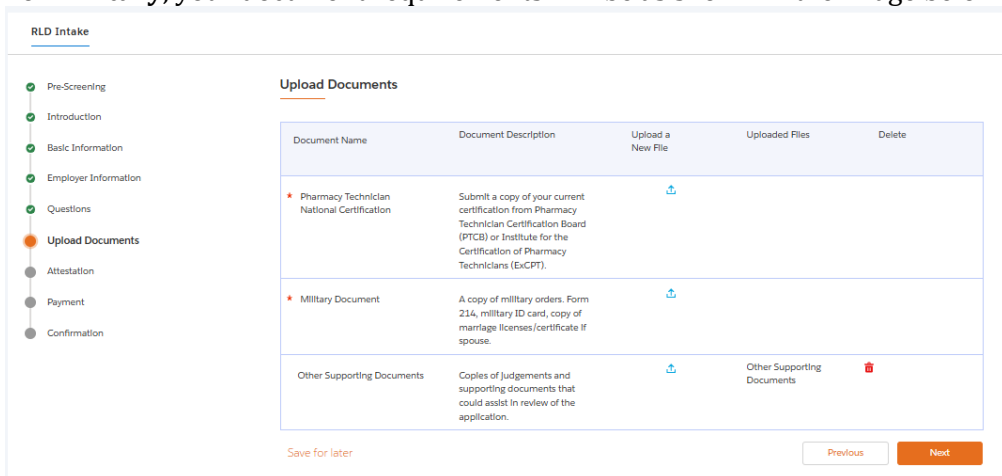
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
★ Pharmacy Technician National Certification	Submit a copy of your current certification from Pharmacy Technician Certification Board (PTCB) or Institute for the Certification of Pharmacy Technicians (ExCPT).			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.		Other Supporting Documents	

Save for later

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



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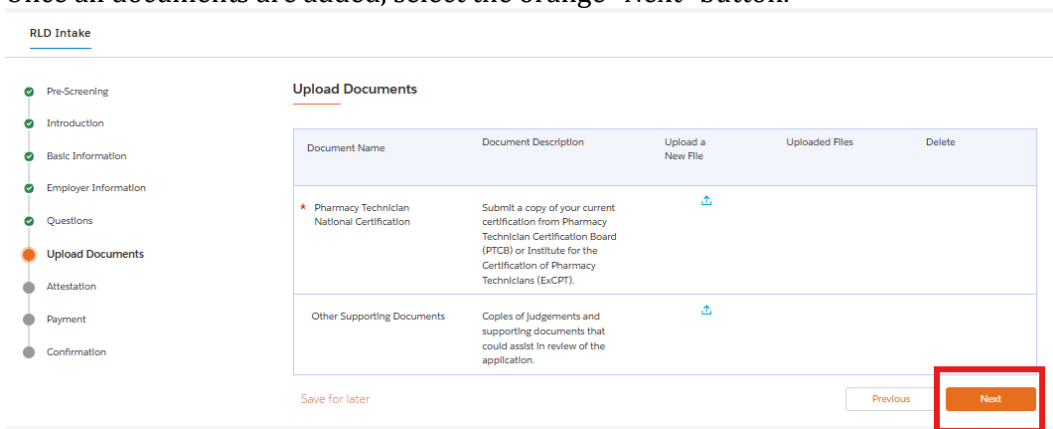
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
★ Pharmacy Technician National Certification	Submit a copy of your current certification from Pharmacy Technician Certification Board (PTCB) or Institute for the Certification of Pharmacy Technicians (ExCPT).			
★ Military Document	A copy of military orders, Form 214, military ID card, copy of marriage licenses/certificate if spouse.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.		Other Supporting Documents	

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



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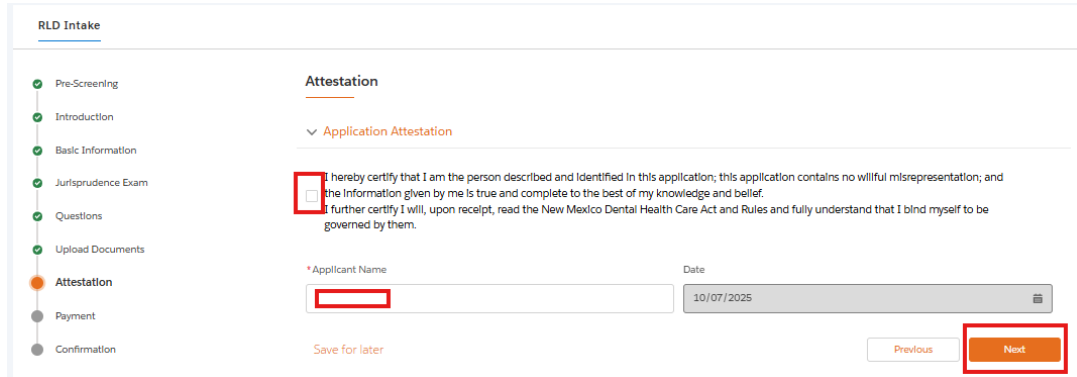
Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
★ Pharmacy Technician National Certification	Submit a copy of your current certification from Pharmacy Technician Certification Board (PTCB) or Institute for the Certification of Pharmacy Technicians (ExCPT).			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

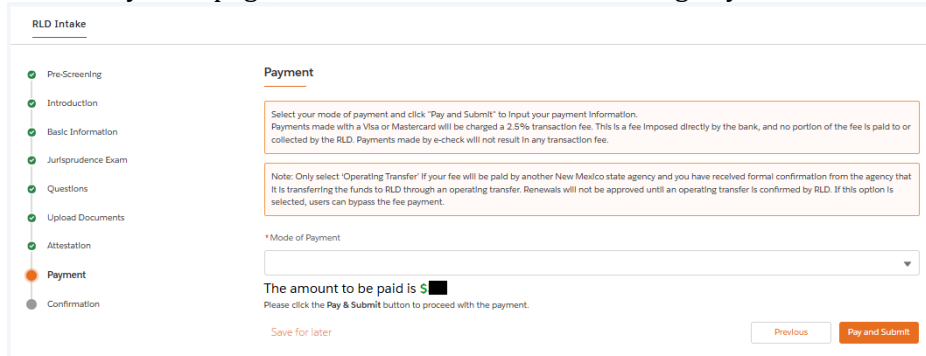
Save for later

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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.

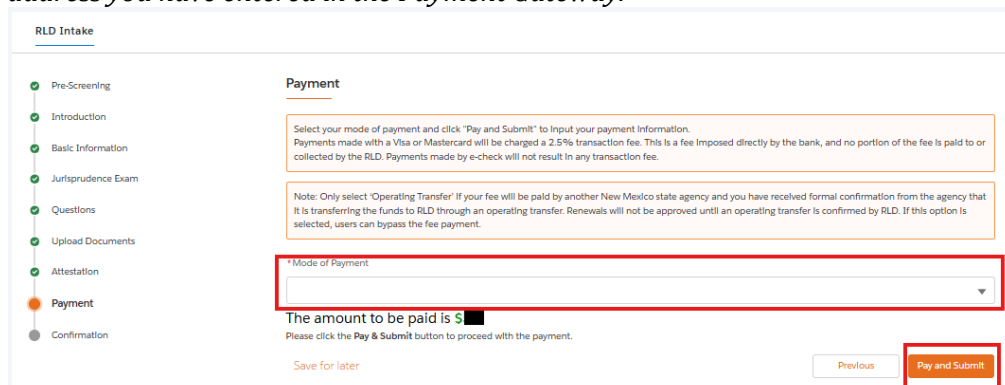


10. On the Payment page, review the notice before making any selections.



- 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

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Payment

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](#)