



Board of Pharmacy

Eligible Recipient Facility Application Manual

Table of Contents

Application for Eligible Recipient Facility

Introduction Page	3
Basic Information Page	3
Facility Information Page	6
Employee Information Page	8
Questions Page	8
Upload Documents Page	9
Attestation Page	12
Payment Page	12

BOARD OF PHARMACY APPLICATION MANUAL

Application for Eligible Recipient Facility

1. Click the “Select” button to the right of the Eligible Recipient Facility license type.

Eligible Recipient Facility

A facility licensed in New Mexico to receive and distribute prescription drugs that is registered with the Board to participate in the collection of donated drugs.

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

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

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

Next

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.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

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

Next

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

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.

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](#)

b. If **No**, select the “My Profile” button at the top left to update your information.

Introduction

Basic Information

Facility Information

Employee Information

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](#)

- 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](#)

- 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)

Cancel Save

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step1: Select Eligible Recipient Facility Application” to continue.

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

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.

Add New

Name	Email	Title	Address	Action

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

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

RLD Intake

- Introduction
- Basic Information
- Facility Information**
- Employee Information
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

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

6. On the Employee Information page, enter all required data with the most recent information.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information**
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Employee Information

* Contact Person Name

* Contact Person Telephone Number

* Contact Person Title

* Contact Person Email

[Save for later](#)

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

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

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information**
- Questions
- Upload Documents
- Attestation
- Payment
- Confirmation

Employee Information

* Contact Person Name

* Contact Person Telephone Number

* Contact Person Title

* Contact Person Email

[Save for later](#)

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

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

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions**
- Upload Documents
- Attestation
- Payment
- Confirmation

Questions

* Please Indicate type of facility?

* What is the facility NMBOP license number?

* Will the facility accept donations from In-state donors, out-of-state donors, or both?

* Do you certify that the facility will comply with storage requirements per the Manufacturer's Monograph?
☐ Yes

* Do you certify that the facility will obtain the patient form signature at first dispensa? (except Class C Clinic, may administer only)
☐ Yes

Do you certify that the facility has written procedures addressing and will comply with each of the following:

* Registration as an eligible recipient before accepting donations.
☐ Yes

* Identification of eligible vs ineligible drugs; Ineligible drugs (including controlled substances, and REMS products unless in compliance with all REMS requirements) will not be accepted.
☐ Yes

* Acceptance rules for unit-dose packaging and specialty medications delivered but not used for the original patient.
☐ Yes

* Storage requirements per the Manufacturer's Monograph.
☐ Yes

* Removal of regulated patient information and compliance with FDA and state labelling requirements prior to redistribution

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

no identifiers on patient labels.

☐ Yes

* Will a handling fee be charged

☐ Yes

☐ No

Do you certify compliance with and acknowledge requirements for:

* Receipt records capturing donor verification statements; date; donor name/address/phone; drug name/strength/quantity; manufacturer; expiration date.

☐ Yes

* Redistribution records and patient form collection and retention; initial signature requirements and required form content.

☐ Yes

* Transfer records and pedigree for subsequent transfers.

☐ Yes

* Donor/facility third-party record creation/maintenance arrangements, if any; use of identifiers and ability to retrieve original information upon regulator request; no identifiers on patient labels when dispensing or administering a drug.

☐ Yes

* Is this a Change of Ownership application?

☐ 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, other than minor traffic violation, 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

Previous

Next

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

RLD Intake

- ☒ 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
* Copy of current license permitting by law dispensing or administering of prescription drugs	Copy of current New Mexico Board of Pharmacy license permitting the dispensing or administering of prescription drugs			
* Calculation to ensure handling fee does not exceed reasonable costs of inspecting, storing, labeling and redistributing.				
* Sample patient form satisfying Section 16.19.34.9(B)(1) and description of record systems and sample logs (receipt, redistribution, transfer, disposal).				
Other Supporting Documents	Copies of judgements 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.

RLD Intake

- 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
* Copy of current license permitting by law dispensing or administering of prescription drugs	Copy of current New Mexico Board of Pharmacy license permitting the dispensing or administering of prescription drugs			
* Calculation to ensure handling fee does not exceed reasonable costs of inspecting, storing, labeling and redistributing.				
* Sample patient form satisfying Section 16.19.34.9(B)(1) and description of record systems and sample logs (receipt, redistribution, transfer, disposal).				
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.

Upload

Please attach a copy of the required document.

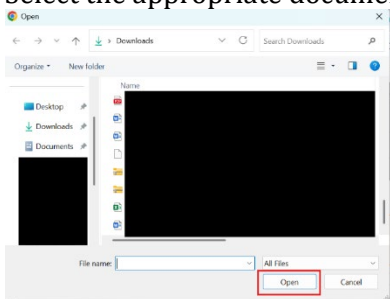
Note that:

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

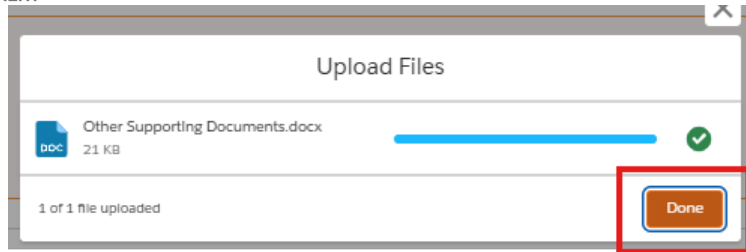
 Upload File



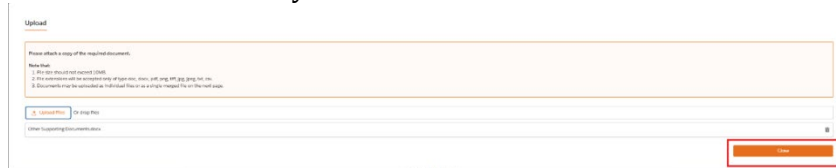
- c. Select the appropriate document from your files and then select “Open”



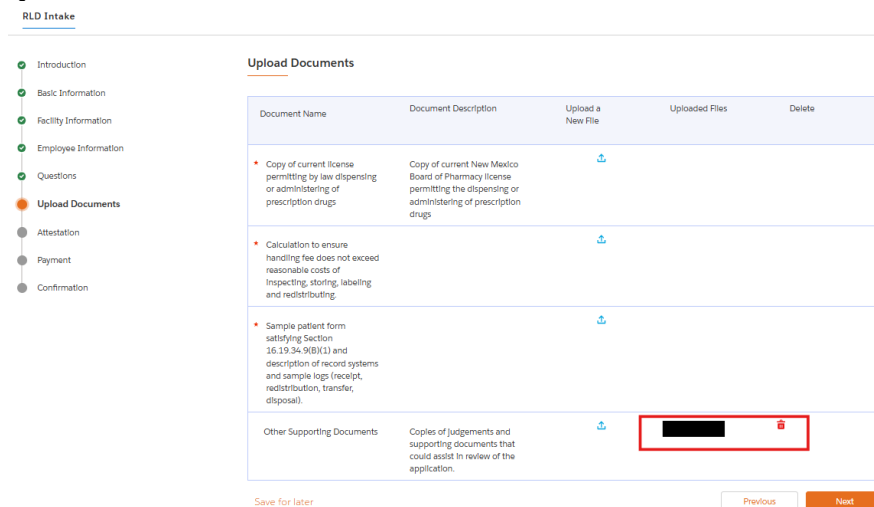
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



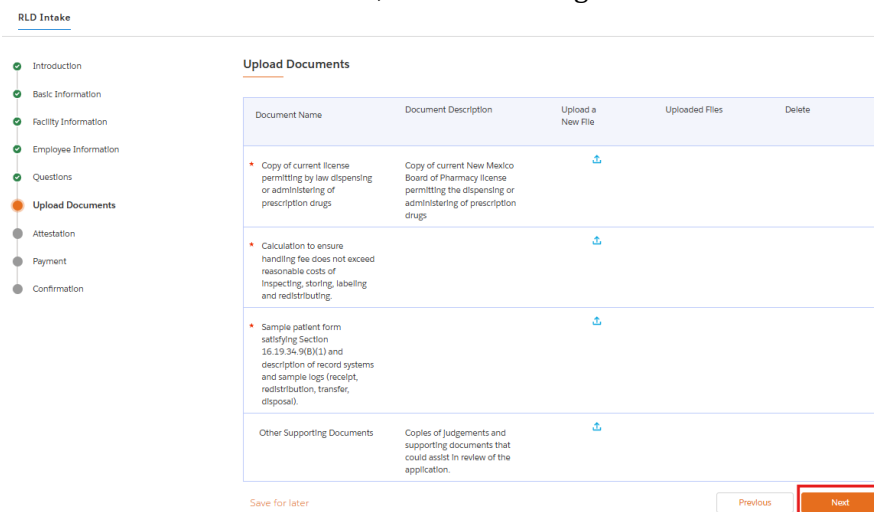
- e. You will be able to see your document added and can then select the “Close” option.



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



- g. 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.

RLD Intake

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions
- Upload Documents
- Attestation**
- Payment
- Confirmation

Attestation

Application Attestation

I, (we) the undersigned, hereby apply for a registration to operate an Eligible Recipient Facility under the Pharmacy Laws of the State of New Mexico and present the following statements in support of the privilege to be granted a registration and represent that if such registration is granted, such place will be conducted in full compliance with existing Pharmacy laws, and rules and regulations of the New Mexico Board of Pharmacy (NMBOP) unless compliance would violate the laws and regulations of the resident state.

I (we) hereby understand that the registration expires December 31 of every other year, that the registration is not transferable, and that a separate registration is required for each Eligible Recipient Facility location.

I (we) attest under penalty of perjury that the information given on this form is true and accurate.

* Applicant Name

Date

08/11/2026

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

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

- Introduction
- Basic Information
- Facility Information
- Employee Information
- Questions
- Upload Documents
- Attestation
- Payment**
- Confirmation

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 XXXXXXXXXX

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

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

- 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.

RLD Intake

- ✓ Introduction
- ✓ Basic Information
- ✓ Facility Information
- ✓ Employee Information
- ✓ Questions
- ✓ Upload Documents
- ✓ Attestation
- **Payment**
- Confirmation

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 *

[REDACTED]

Last Name *

[REDACTED]

Company Name

[REDACTED]

Address Line 1

[REDACTED]

City

[REDACTED]

Country/Region

United States of America

State/Province

New Mexico

Zip/Postal Code

[REDACTED]

Phone Number *

[REDACTED]

Email *

[REDACTED]

Next

[Cancel Order](#)

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

- Introduction
- Basic Information
- Jurisprudence Exam
- Questions
- Uploaded Documents
- Attestation
- Payment**

Payment

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

[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](#)