



Board of Pharmacy

Eligible Recipient Practitioner Application Manual

Table of Contents

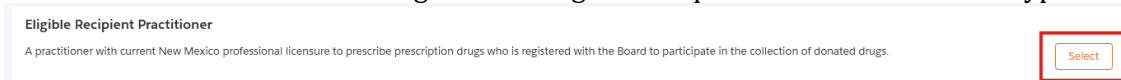
Application for Eligible Recipient Practitioner

Pre-Screening Page	3
Introduction Page	3
Basic Information Page	4
Questions Page	6
Upload Documents Page	7
Attestation Page	9
Payment Page	10

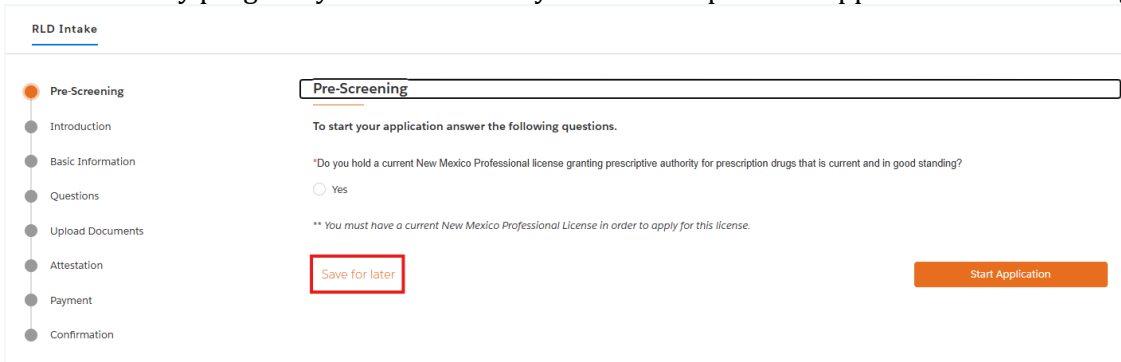
BOARD OF PHARMACY APPLICATION MANUAL

Application for Eligible Recipient Practitioner

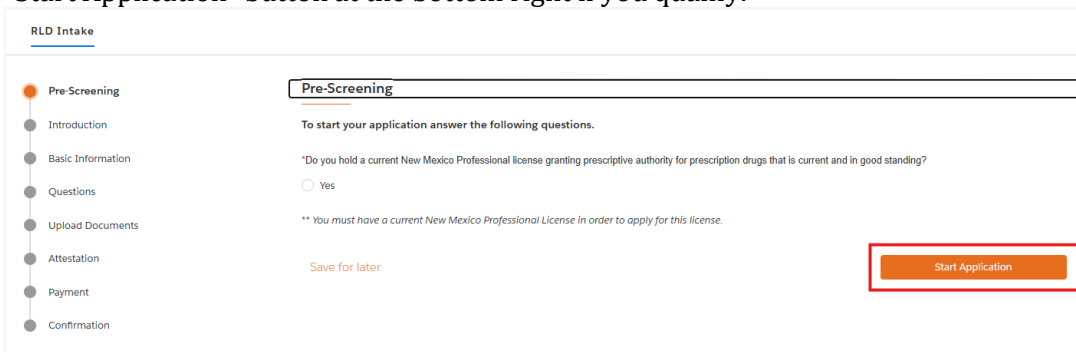
1. Click the “Select” button to the right of the Eligible Recipient Practitioner license type.



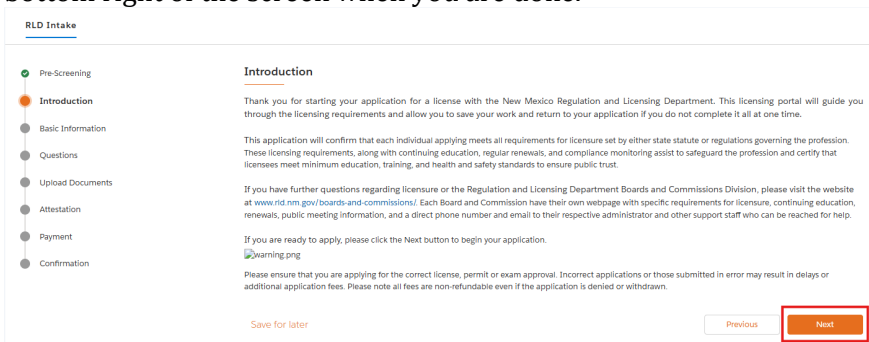
2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.



3. On the Pre-Screening, you will answer questions pertaining to your license status. Select the “Start Application” button at the bottom right if you qualify.



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.



5. 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.

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](#)

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

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

- 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 Eligible Recipient Practitioner Application” to continue.
6. On the Questions page, please answer all questions accurately with the most recent information. Once completed select the “Next” button at the bottom right of the screen to continue.

Questions

Identify that I will:

- *Redistribute donated prescription drugs only to my own patients pursuant to a valid patient-practitioner relationship and maintain records consistent with the standard of care and 26.19.34 NMAC (Part 34.1)
 - ☐ Yes
 - ☐ No
- *Comply with storage requirements per the manufacturer's monograph.
 - ☐ Yes
 - ☐ No
- *If redistributing drugs subject to REMS, I will comply with registration/reporting and provide MedGuide or Patient Package Insert, as applicable.
 - ☐ Yes
 - ☐ No
- *Only store donated drugs at the board of pharmacy registered location.
 - ☐ Yes
 - ☐ No

By responding to each item, the practitioner attests to compliance with requirements for:

- *Registration as an eligible recipient before accepting donations.
 - ☐ Yes
 - ☐ No
- *Identification of origin on ingestible drugs, ingestible drugs (including controlled substances, and REMS products unless in compliance with an REMS requirement) will not be accepted.
 - ☐ Yes
 - ☐ No
- *Acceptance rules for unit-dose packaging and specialty medications donated but not used for the original patient, with proper storage and verified access.
 - ☐ Yes
 - ☐ No
- *Retention of previous patient information and compliance with FDA and state labeling prior to redistribution.
 - ☐ Yes
 - ☐ No
- *Compliance with inspection standards for tamper-evident packaging and product integrity for liquids and solid oral forms.
 - ☐ Yes
 - ☐ No
- *Compliance with all applicable federal and state laws regarding inspection, storage, labeling, and redistribution; certification that drugs were stored per product requirements.
 - ☐ Yes
 - ☐ No
- *Receipts/order requirements; practitioner redistribution limited to own patients within a valid patient-practitioner relationship.
 - ☐ Yes
 - ☐ No
- *Charging only a handling fee for not to exceed maximum costs; prohibition on in-lieu, donor reimbursement (linked to maximum donation-related costs).
 - ☐ Yes
 - ☐ No
- *Donating/donated from non-donated inventory if engaging in sale or other monetary transactions.
 - ☐ Yes
 - ☐ No
- *Proper disposal of unused donated prescription drugs not redistributed, with required records.
 - ☐ Yes
 - ☐ No
- *Real-time monitoring and patient communication for impacted medications.
 - ☐ Yes
 - ☐ No

Identify that I will maintain in proper form:

- *Receipt records, donor verification statements, dates, donor name/address/phone, drug name/strength/quantity, manufacturer, expiration date, retention time, and date.
 - ☐ Yes
 - ☐ No
- *Relevant form process before initial dispensing/redistribution, including required content and retention.
 - ☐ Yes
 - ☐ No
- *Availability of records for Board inspection and storage location.
 - ☐ Yes
 - ☐ No

*Will you charge a handling fee?

- ☐ Yes
- ☐ No

*I acknowledge Board authority to remove eligible recipients for noncompliance and Board maintenance publication of a current listing of eligible recipients.

- ☐ Yes
- ☐ No

*I acknowledge community practices and limitations under Section 26-1-3.2 NMAC, 26.19.34 NMAC and Part 34.1.

- ☐ Yes
- ☐ No

*Have you (donor, officer, facility) been arrested, investigated, charged, convicted, sentenced, entered a plea of not guilty, or entered into any other legal proceedings 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 (donor, officer, facility) had any disciplinary actions, or been any pending actions against you, or to your knowledge been investigated by any professional licensing authority?

- ☐ Yes
- ☐ No

Save for later Previous **Next**

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

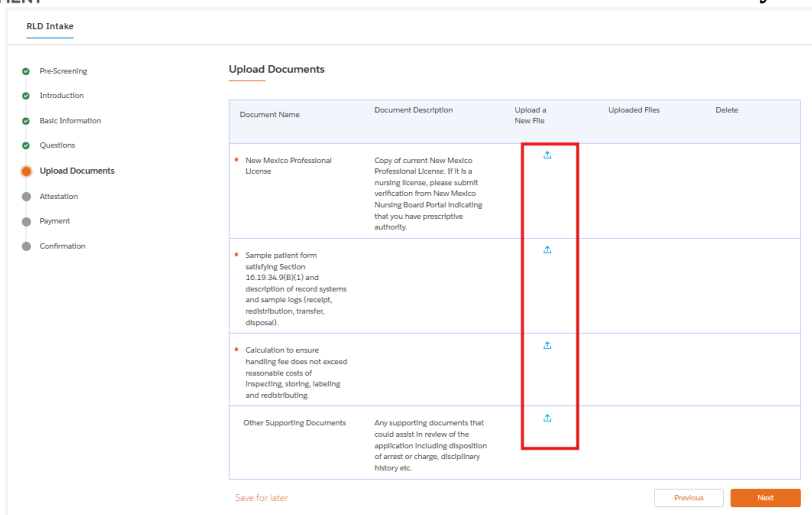
RLD Intake

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
New Mexico Professional License	Copy of current New Mexico Professional License. If it is a nursing license, please submit verification from New Mexico Nursing Board Portal indicating that you have prescriptive authority.			
Sample patient form satisfying Section 16.19.34.9(B)(1) and description of record systems and sample logs (receipt, redistribution, transfer, disposal).				
Calculation to ensure handling fee does not exceed reasonable costs of inspecting, storing, labeling and redistributing.				
Other Supporting Documents	Any supporting documents that could assist in review of the application including disposition of arrest or charge, disciplinary history etc.			

Save for later Previous **Next**

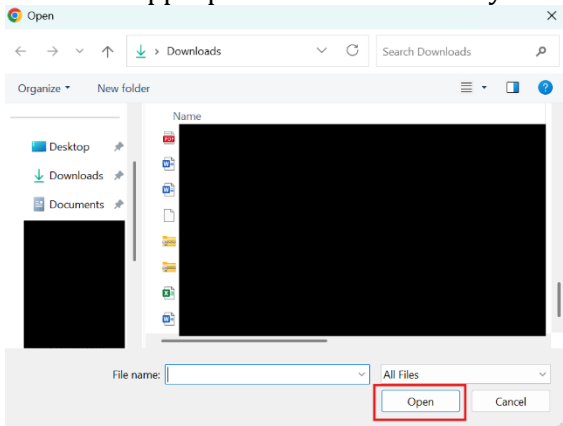
a. Select the blue upload icon in each section to upload a document.



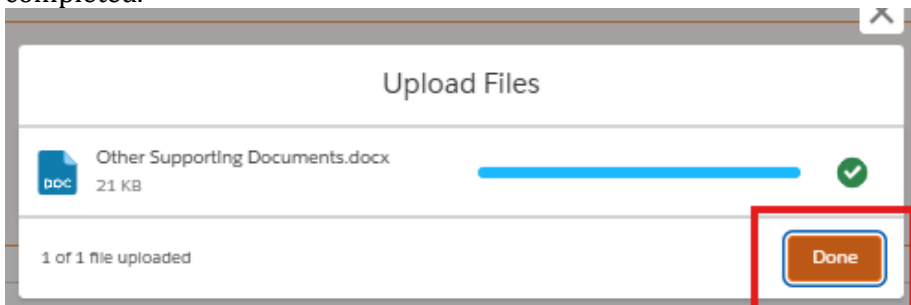
- b. Review the document size and type requirements before uploading, then select the Upload File button.



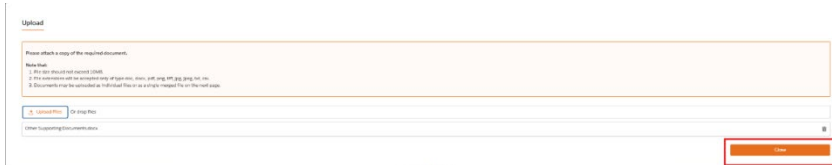
- c. Select the appropriate document from your files and then select “Open”



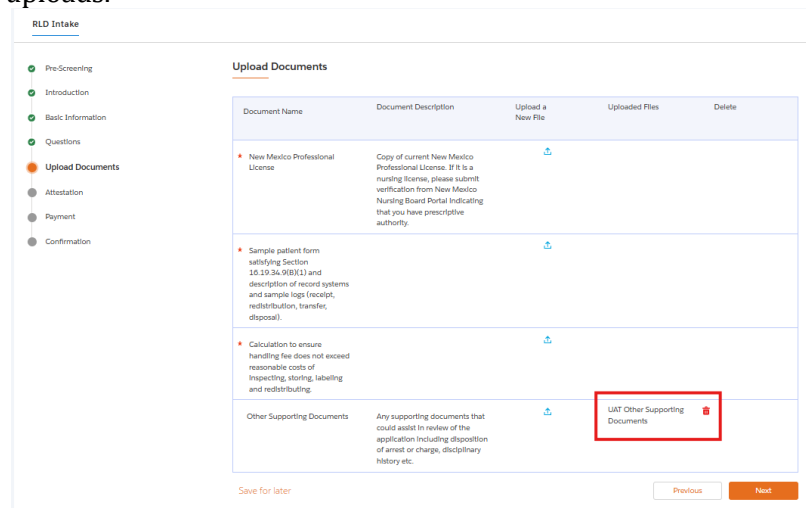
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



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

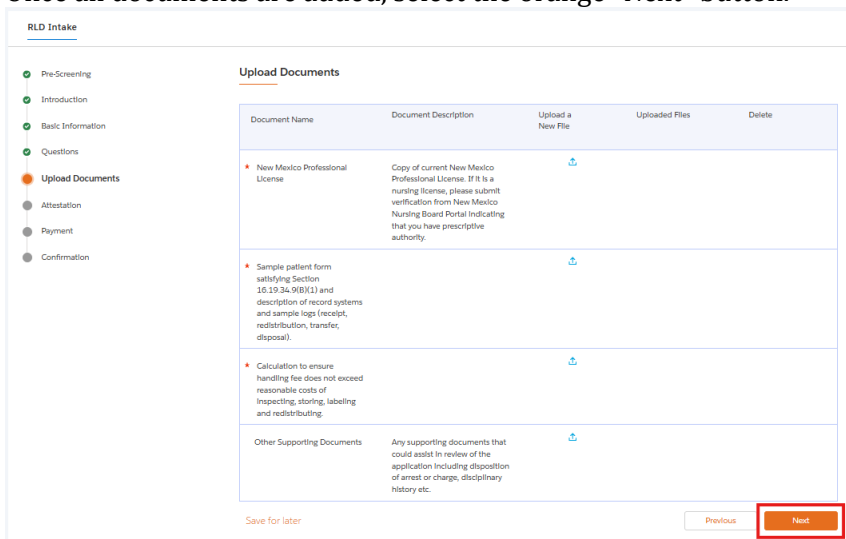


- f. You will be able to see the documents in each section once you have completed the uploads.



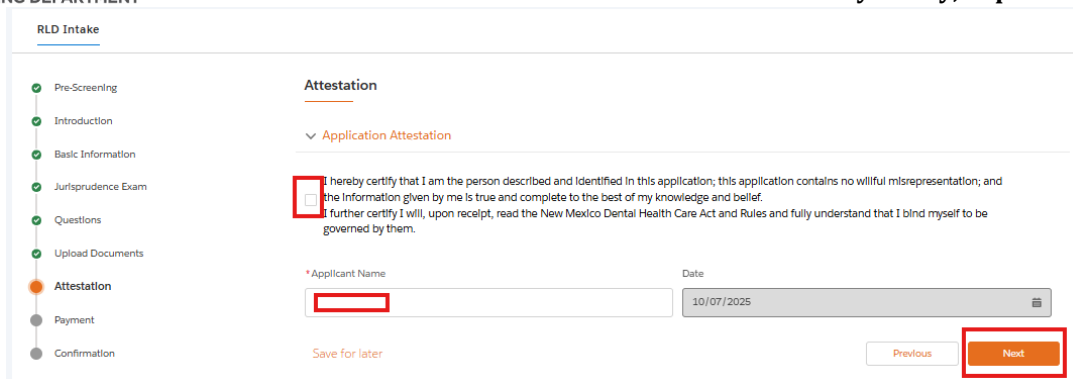
Document Name	Document Description	Upload a New File	Uploaded Files	Delete
New Mexico Professional License	Copy of current New Mexico Professional License. If it is a nursing license, please submit verification from New Mexico Nursing Board Portal indicating that you have prescriptive authority.			
Sample patient form satisfying Section 16.19.34.9(B)(1) and description of record systems and sample logs (receipt, redistribution, transfer, disposal).				
Calculation to ensure handling fee does not exceed reasonable costs of inspecting, storing, labeling and redistributing.				
Other Supporting Documents	Any supporting documents that could assist in review of the application including disposition of arrest or charge, disciplinary history etc.		UAT Other Supporting Documents	

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

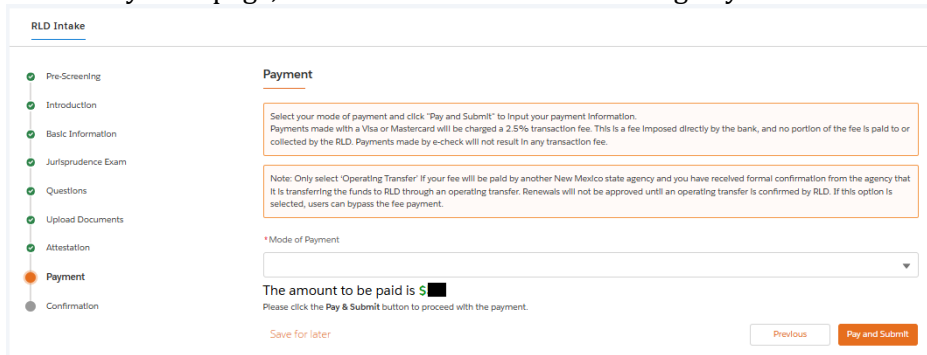


Document Name	Document Description	Upload a New File	Uploaded Files	Delete
New Mexico Professional License	Copy of current New Mexico Professional License. If it is a nursing license, please submit verification from New Mexico Nursing Board Portal indicating that you have prescriptive authority.			
Sample patient form satisfying Section 16.19.34.9(B)(1) and description of record systems and sample logs (receipt, redistribution, transfer, disposal).				
Calculation to ensure handling fee does not exceed reasonable costs of inspecting, storing, labeling and redistributing.				
Other Supporting Documents	Any supporting documents that could assist in review of the application including disposition of arrest or charge, disciplinary history etc.			

8. 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.

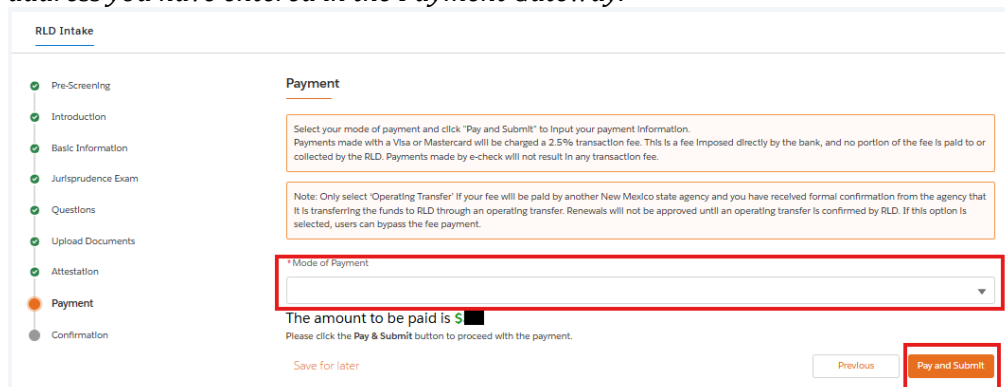


9. On the Payment page, review the notice before making any selections.



- 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

\$

10. 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

11. 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](#)