

New Mexico Board of Pharmacy

5200 Oakland NE Suite A

Albuquerque, New Mexico 87113

(505) 222-9830

www.rld.state.nm.us/pharmacy

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BOARDING & RESIDENTIAL CARE HOME APPLICATION

Fill out completely, incomplete applications will be returned

Name & Mailing Address

Name & Street Address

Telephone Number _____

Fax _____

Email _____

NUMBER OF RESIDENTS: _____

FEES: 1 to 10 residents = \$100.00 (Please pay by check or money order)

11 or more residents = \$200.00

ALL FEES ARE BI-ENNIAL

POLICY & PROCEDURE MANUAL MUST BE SUBMITTED WITH ALL NEW APPLICATIONS.

NOTE: New applications received in the Board office less than 14 days prior to the next scheduled Board meeting will not be processed.

I, (we) hereby make application for a boarding or residential care facility drug permit in accordance with the New Mexico Pharmacy Act; New Mexico Drug & Cosmetic Act; New Mexico Controlled Substance Act; and Board of Pharmacy Rules & Regulations.

I, (we) understand that license expires December 31 of each year and that license or permit is not transferable. A separate license is necessary for each home.

1. Please circle letter beside appropriate category:

- a. If an individual is owner, give name and address;
- b. If a partnership is owner, give name and address of all partners, (attach list);
- c. If a corporation or municipality, list name, address and title of all officers, (attach list);
- d. If county, city, state or church is owner, give name, address and title of all officers, (attach list)

Name Title Address City State Zip

2. Consultant Pharmacist: _____ Lic.No. _____
Facility where employed: _____

3. Administrator: _____

4. NM DOH Operator Permit No(if applicable).: _____ Type: _____ Bed Capacity: _____

5. Are drug rooms or drug cabinets securely locked when not in immediate use by authorized personnel? ()Yes () No

6. Adequate security & refrigeration for drugs needing refrigeration apart from food? ()Yes ()No

7. I/We have not been arrested, investigated for, charged with, convicted of, sentenced for, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory, possession of the United States or by the federal government.*

Signature: _____

8. I/We have not had any disciplinary actions, nor have any pending actions against me/us or to my knowledge been investigated by any professional licensing authority.*

Signature: _____

***Please explain any failure to sign the statements above. Explain the circumstances, include a copy of the judgment, and attach to this application.**

I, (we) hereby certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature - Owner or Officer

Date signed

Print or type Name and Title

Signature - Consultant Pharmacist

Date signed

Print or type Name