

New Mexico Board of Pharmacy
 5200 Oakland NE Suite A
 Albuquerque, NM 87113
 (505)222-9830 www.rld.state.nm.us/pharmacy

BOARDING/RESIDENTIAL AND NURSING HOME RENEWAL APPLICATION

MAIL EARLY 5 TO 10 DAY PROCESSING TIME ONCE APPLICATION IS RECEIVED
APPLICATIONS AND FEES MUST ACCOMPANY EACH OTHER; OTHERWISE PROCESSING TIME WILL BE DELAYED. RETAIN A COPY OF BOTH THE APPLICATION AND FORM OF PAYMENT FOR FUTURE REFERENCE.

Name & Mailing Address:

Location Address:

Phone # _____

Fax No. _____

Phone # _____

Email _____

Pharmacy Board License Number _____

FEES: Bi-ennial Renewal – Pay by check or money order

	<i>Fee</i>	<i>Late Fee</i>
Boarding Home 1 to 10 RESIDENTS	\$100.00	\$25.00
Boarding Home 10 or More RESIDENTS	\$200.00	\$50.00
Nursing Home	\$200.00	\$50.00

I/we hereby make application for a Boarding/Residential or Nursing home 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 Rule & Regulations.

I/we understand that license expires December 31 of every other year and that license or permit is not transferable. A separate license is necessary for each home. Applications for renewal must be received or postmarked by December 31 of each year. If not postmarked by December 31, submit the late penalty.

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

Signature _____

*I/we have not since the time of our last renewal, had any disciplinary actions, or has any professional licensing authority investigated any pending actions against us.**

Signature _____

***If the above statements are not true, explain the circumstances, include a copy of the judgment, and attach to this application.**

I/we certify under penalty of perjury that the information given in this application is true and accurate to the best of my (our) knowledge.

 Signature – Owner or Officer

 Print Name of Owner or Officer

 Date

 Signature – Consultant Pharmacist

 Print Name of Pharmacist & Lic #

 Date

