

*New Mexico Board of Pharmacy
5200 Oakland Drive N.E.
Albuquerque, New Mexico 87113
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In-state toll free (800) 565-9102
<http://www.rld.state.nm.us/Pharmacy/>
Sarah.Trujillo@state.nm.us*

EMERGENCY MEDICAL SERVICE APPLICATION RENEWAL

Name & Mailing Address:

Location Address:

Phone # _____

Phone # _____

E-mail: _____

Fax: _____

License # _____

FEE: See schedule below Enclosed fee: \$ _____

**\$50 for each Principle Place of Business
\$25 for each In Use location**

"Principle Place of Business" refers to any sites that are part of the EMS's operations, including its headquarters, stations, vehicle bays, docks, or hangars where dangerous drugs and/or controlled substances are stored, but does not include dangerous drugs or controlled substances "in use".

"In Use" means when dangerous drugs and controlled substances are removed from the principle place of business' inventory and placed in jump kits or mobile units for emergency use.

EMS services using controlled substances must acquire a New Mexico Facility Controlled Substance Registration and a Drug Enforcement Administration Registration for each principle place of business that receives/stores/distributes controlled substances.

List each PRINCIPLE PLACE OF BUSINESS location address: (attach list)

List each IN USE location address: (attach list)

I, the undersigned, hereby apply for a license to operate an Emergency Medical Service under the Pharmacy Laws of the State of New Mexico and present the following statements in support of the privilege to be granted a license and represent that if such license is granted, such place will be conducted in full compliance with existing Pharmacy laws, and rules and regulations of the Board of Pharmacy.

I (we) hereby understand that the license expires December 31 of each year, that the license is not transferable, and that a separate license is required for each principle place of business location. This application must be received or postmarked by December 31. You must include an additional late penalty of 25% of license renewal fee if postmarked after December 31.

Please circle letter beside appropriate category.

1. a. If an individual is owner, give name and address in space below (attach list)
- b. If a partnership is owner, give name and address of 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)

Consultant Pharmacist (print or type): _____ Lic. No.: _____

Supervising Staff Physician _____ Lic. No. _____

Supervising EMT _____ Lic. No. _____

Certified EMT's _____ Lic. No. _____

(attach list for all)

*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, 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 - Administrator

Date signed

Print or type name of administrator

Signature - Consultant Pharmacist

Date signed

Print or type name of consultant pharmacist