

New Mexico Board of Pharmacy
5200 Oakland NE Suite A
Albuquerque, NM 87113
Phone (505)222-9830
In-State Toll Free (800) 565-9102

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FACILITY CONTROLLED SUBSTANCE RENEWAL APPLICATION

Applications and fees must accompany each; otherwise processing time will be delayed.
Retain a copy of both the application and form of payment for future reference.
Mail early-5-10 days processing time once application is received

FEE: \$60.00 (CHECK OR MONEY ORDER)

Name & Mailing Address:

Phone # _____

License Number CS-_____

Location Address:

Phone # _____

SCHEDULE OF DRUGS (circle): 2 2N 3 3N 4 5

Circle type of facility:

Pharmacy Hospital Clinic Wholesale Distributor Researcher Teaching
Institute Analytical Lab Repacker Manufacturer/Repacker

NM Board of Pharmacy License # _____

DEA # _____ Expiration date _____

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 have any pending actions against us/me, 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 knowledge.

Date of Birth: / /

Signature _____ Date _____

Print Name and Title _____