

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

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.

HOME CARE RENEWAL APPLICATION

Name & Mailing Address:

Phone # _____

Fax No. _____

Location Address:

Phone # _____

E-mail: _____

Fee: \$75.00 (check or money order)

I/we hereby make applications for a Drug Permit for dangerous drugs, which will be administered and dispensed for and to patients on outpatient basis, in accordance with the New Mexico Pharmacy Act, New Mexico Drug and Cosmetic Act; New Mexico Controlled Substance Act, and Board of Pharmacy Rules & Regulations.

I/we hereby understand the license expires December 31st of each year, and the license or permit is not transferable. A separate license is necessary for each clinic location. This application must be received or postmarked December 31. If not postmarked by December 31st, attach late penalty of \$18.75.

*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 & License Number

Date