

New Mexico Board of Pharmacy
5200 Oakland NE Suite A
Albuquerque, NM 87113
Phone (505) 222-9830
In-state Toll Free: (800) 565-9102
www.rld.state.nm.us/pharmacy
Sarah.Trujillo@state.nm.us

INTERMEDIATE CARE FACILITY OR SKILLED NURSING **FACILITY DRUG PERMIT 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: \$200.00 (Please pay by check or money order.)

MAILING ADDRESS

PHONE NO.: _____
EMAIL: _____

NAME & STREET ADDRESS OR CHANGES

FAX NO: _____
WEB ADDRESS: _____

POLICY AND PROCEDURE MANUAL MUST BE SUBMITTED WITH ALL NEW APPLICATIONS

NEW CHANGE OF OWNERSHIP*

*If Change of Ownership please write name of old company _____

I, (we) hereby make application for an intermediate or skilled nursing facility drug permit 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) understand that license expires December 31 biennially, and that license or permit is not transferable. A separate license is necessary for each facility location. Applications must be postmarked by December 31. You must include an additional \$50.00 if not postmarked by December 31.

CIRCLE LETTER BESIDE APPROPRIATE CATEGORY

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

2. Consultant Pharmacist: _____ Lic. No.: _____

Pharmacy where employed:

3. Administrator:

4. New Mexico Dept. of Health License No.: _____ Bed capacity: _____

Type: _____

5. 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: _____

6. 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 - Administrator

Date

Print Name

Signature - Consultant Pharmacist

Date

Pharmacy Where Employed

Phone Number

Print Name