

*New Mexico Board of Pharmacy
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LIMITED CONTROLLED SUBSTANCE REGISTRATION APPLICATION

SUMBIT A DRUG PROTOCOL WITH ALL NEW APPLICATIONS

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

Facility Name and Mailing Address:

Facility Name and Location Address:

Phone _____

Fax _____

Email _____

Web Address _____

List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee: _____

* [] NEW (please see back of form for fees)

SCHEDULE OF DRUGS (circle): 1 2 2N 3 3N 4 5

Registration Class: () Analytical Lab; () Teaching Institute; () Researcher

I have not 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 have not any disciplinary actions, or have any pending actions against 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.

Date of Birth: / /

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Print Name and Title _____

Initial Controlled Substance Research Applicants must submit the following:

Policy and Procedure Manual must include:

Drug Security

Names of all individuals with access

- 1. Drug storage area**
- 2. Describe the lock system**
- 3. Security locked, substantially constructed cabinet**

Drug Procurement

Invoices, receipts, and logs to be kept

Drug source

Drug Usage

Records or logs to be used for accountability

Drug Wastage/Destruction

Forms to indicate destruction (DEA Form 41) for destruction

Wastage to be kept on a memorandum report, to be kept with licensees controlled substance records.

Drug Storage Conditions

Theft or unexplained loss procedure (DEA Form 106)

Inventory Date (annual)

Required May 1 of each year

Research Protocol

If any person with access to drugs resigns, is dismissed, fired, or otherwise, leaves employment, notification to the Board is required in writing within ten (10) days.

Initial applications should contact a Board inspector to review the application procedure and discuss any additional requirements necessary for licensure.

FEE SCHEDULE FOR NEW REGISTRANTS ONLY

Only the initial year of licensure is prorated. New Mexico charges \$5.00 per month for this registration. Your controlled substance number will expire in the same month as your DEA number.

The first letter of your last name or the first letter of your business name determines the month in which your DEA number will expire. Therefore, please submit only the amount of money required from the current month through your expiration month.

The chart shows when your DEA number will expire:

January - M	July - B
February – S	August - C & E
March - L & P	September - F & G
April - Q & R	October - H & N
May - U, V, W, X, Y, Z	November - I & T
June - A & D	December - J, K & O

Licenses must be acquired in the following order:

- 1st : Professional License**
- 2nd: NMCS Registration**
- 3rd: DEA Registration**